Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Data of Death 0 Month Ford OBy Dorothy 1:20PM Mae 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Chesapeake Woods Center-Cambridge Dorchester 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) 1 M 2 F Months Days Min 57 Yrs. 215-34-0572 March 12, 1940 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 🖾 No Maryland Cecil E1kton 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 649 Nottingham Road 21921 United States 12. Was Dacedent Ever in U,S. Armed Forcas? 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Biack, Whita, etc. 1 ☐ Yas 2 No If Yes, Give 1 ☐ Navar Marriad 2 ☑ Married 1 Yes 2X No Specify: White 3 Widowed 4 Divorced Specify Year or Dates: 16a. Dacedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grede complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) 10 Homemaker Her own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Frederick Moore Russell Pearl Emma Bullock 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Vernon Ford / Spouse 649 Nottingham Road, Elkton, MD 21921 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, State cemetery, cremetory or other piece) Mar. 10 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) R.A. Ferris Crematory 1998 West Chester, Penna. 21. Signature of Funeral Service Lice 22. Name and Address of Facility Crouch Funeral Home South Main Street, North East, Collect 21901 complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. 23a. Part1. Enter tha disease, or com shock, or heart failure. List only Approximata Intarval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Mea Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings svailabla prior to complation of cause 24a. Was an autopsy performed? of death? 1 Yes INO 1 Yes 2 No 26. Place of Death (Check only one) Hospital: 1 ☐ Yes 2 No Othar: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Straing Homa 5 ☐ Residence 8 ☐ Other (Specify) 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 2 Accident 1 TYes 2 TNo

Examiner been signed by the ettending physician should be deteched for use as the bune Division of Vital Records, P.O. Box 68760 requires that the death certificate be hes Attending Physician: funeral director, this After al or Attending s efter death. the 4 To the Hospital o within 24 hours of To the Funeral Di compietely filled li

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23s or 28s-f show

Director

Funeral

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Completed

Be 2

with the Marylend

death

pemit. Pages 1 and 2 should be filed within 72 hours effer. Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Wessel Eventual 2016.

Physician

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Examiner

Physician/Medical

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Certification:

edical

31. Date filed (Month,

Baltimore, Maryland 21215-0020

Saquentially list conditions, if any, laading to immadiate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 25. Was case rafarrad to medical examinar? 27. Mannar of Death 6 Could not be determined 3 Suicide 28e. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homleida 13 Sertifying Physicisn: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Msdical Examinsr: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Cartifier (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year)

2 Collins, Hurlock

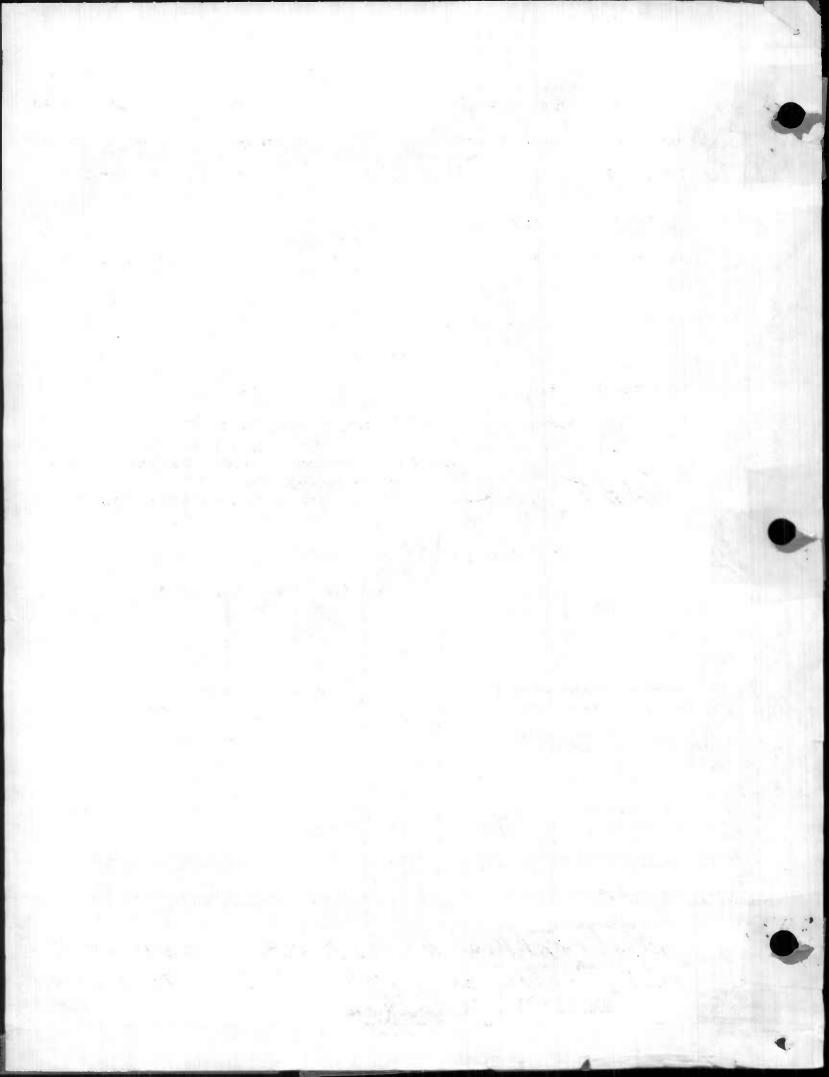
cause of daath (Item 23a) (Type, Print)

Julia Davidson

32. Registrar's Signature

State Registrar

PHMH 16 Rsv 6/95



	Decedent's Neme (First, Mid	Idia Last)		Certificate of	Death	2. Data of Dea	leg. No.	UJU	Time of Death
hysician	Gertrude	R.	Grub	b		Month	Day	Year	
/Medical	4a. Feellity Nama (If not Instituti			D	4b. City. Town, or	March Location of Death	14 1 4c. County		:00 PM
Examiner	Calvert Ma					g Sun		cil	
ıneral	5. Social Security Number	7	7. Aga (In yrs. last birti	nday) If Undar 1 Yeer	If Under 24 Hr	s. 8. Data of Birth			(Stata or Foraig
rector	221-07-0878 Usuel Rasidence of Decedant	3 1□M 250%	90 Y	rs. Months Days	Hours Mir	Nov.10	, 1907	Wilm.	(Stata or Foraig
**	10a. Stata 10b. Coun	ity	10c. City, Town	or Location				10d. In	nside City Limits
any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director	MD Com	: 1	Digir	or Cun					□ Yas 2☑N
Examiner must be notified by Funeral Director	MD Ceci	L L	RISII	ng Sun			log. Citizen of V	Whet Country?	
4	1881 Telec	rraph Poa	d	219	11		US	27	
Jers Levi	11. Meritel Status	12. Was Dece	dent Ever In U.S.	13. Was Decedant of	Hispanic Origin? (Specify Yes or No-	14. Rac	e - American In	dlan,
1 5	1 Never Merried 2 Ma		2 XNo	If Yas, specify Cut		rto Rican, etc.)		ck, Whita, atc.	
by	3 AWidowed 4 □ Divorce	ed If Yas, Giv Yeer or De		1 ☐ Yes 2 ☑ No	Specify:		Specify	whit	te
Be Completed	15. Decedir	ant's Education hast grada complated)	18a. i	Decedant's Usuai Occu 'Give kind of work dona iifa. DO NOT usa retire	pation	arkina	16b. Kind of Bu	usinass/Industry	/
a du	Elemantary/Secondary (0-12)		-4or 5+)	iifa. DO NOT usa retire	ed)	Orking			
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To	William B.	Rash			Sall	ie Shin	n		
	19e. informant's Neme/Ralation			Mailing Address (Stree					*
	Bernice Newt	th (daugh		Clark R	idge Fo				
8	20e. Method of Disposition 1 ☑ Burial 2 ☐ Crametion	n 3 □Ramoval from 9	a a mada a	Disposition (Nema of r, crematory or othar ple	ece)	Date	20c. Location -	City or Town, S	Stete 19/C
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ny in	21. Signature of Furleral Service	a Ligenson	88000	22. Nama and Addr	ass of Facility	IcCrery	Funers	1 Home	ac Tr
£ 8	Michola K.	Wollelle		3924 Co					9803
	23a. Part. Entar tha diseese, shock, or heart fellura. Li	or complications that co	aused tha daath. Do n						roximata rval Between
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	Sequantially list conditions, if any, laeding to immadieta causa. Entar Undarlying Cause (Diseasa or injury)	U					1	
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deteched for use a	Part II. Other significant conditions	tiona contributing to de	ath but not rasulting in	tha undarlying causa g	iven in Pert I.	23b. Did to	obacco use co	ntribute to the	cause of deat
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To Be	1 Yas 2 No		npatiant 2 ER/Out	patient 3LI DUA		Homa 5 ☐ Rasid			
Certification:	27. Manner of Death 1 Natural 5 ☐ Pend		of Injury h, Dey Year) 28b. Ti	jury Wo		28d. Dascribe h	ow Injury occur	red	
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5 E	4 Homicide deter	milned 28a. Place building	of injury - At homa, fan ng, etc. <i>(Specify)</i>	m, straat, factory, office		28f. Location (S City or Town	treet and Numb n, State)	ber or Rural Rou	ita Number,
	29a, Cartifiar 183 Cartify								
ဦ		ring Physician: To the at Examiner: On the ba	sis of examination and	daath occurred et the t or invastigation, in my	ima, deta and pled opinion, deeth occ	e, and due to the courred at tha tima, d	ause(s) and ma leta and pisce,	annar as stated. and dua to tha	cause(s)
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pletely fill	G/A)	bu D G	Auly 16 a of death (Itam 23a) (1	000	9482		3	15/98	

State of Maryland / Department of Health and Mental Hygiene

				Oldio of Mic	aryiana / i	Certificat		Death		Reg. No.	3 0	9503
	Dhamini		1. Decedent's Name (First, Middla, Las)					2. Date of De Month	ath Day	Year	3. Time of Death
	Physici /Medi		Mary Rach	nel Kirk H	arris				March		998	1420
Ì	Examir		4a. Facility Name (If not institution, giva	street and number)				4b. City, Town, or	Location of Death	4c. County	of Death	
			Medpointe Continu	ing Care	Facilit	*		Elkto			Ceci	1
	Funeral Director		5. Social Security Number 6. Se 213-28-8063	x 7. Age	(In yrs. last bi	rthday) If Under Yrs. Months	1 Yaar Days	if Under 24 Hrs Hours Min.	8. Date of Bird (Month, Da April	th y, Year) 8,1903	9. Birthpie Count Mary	aca (Stata or Foreign ry) yland
	ylend		Usual Residence of Decadent 10a. Stata 10b. County		10c. City, Tow	m or Location					10	d. Inside City Limits
	he Mer 8a-f si oriffed	ector	7	ecil			_	yville				1 XYes 2 No
	th with t 23s or 2	al Dir	10e. Street and Number 10 Owens Court			10f. Zip	Code	21903		10g. Citizen of V	S.A.	ny?
20	2 should be filed within 72 hours after deeth with the Meryland and Mental hygiene. Is marked other than "naturel", or items 23s or 28s-f show aurmatic event, the Medical Expendice nuist be notified at	y Funeral Directo	11. Marital Status 1 Never Married 2 Married	12. Was Decedant E Armed Forces? 1 ☐ Yes ZCN If Yes, Give		13. Was Deced It Yes, spec		Hispanic Origin? (S an, Mexican, Puert Specify:	pecify Yas or No o Rican, etc.)	- 14. Rad Blad Specifi	e - Amarica ck, Whita, a	tc.
0020	houn urel	d by	XXWidowed 4 □ Divorced	Year or Datas:	10-	Daniel de la company	10	- Al -			W	hite
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yland	Aental Aental rked o	To Be	John B. N	ickle					arrette			
Mar	sho and A		19a. Intormant's Name/Ralationship (T)	pe, Print)	198	. Mailing Addrass	(Street	and Number or Ru	iral Route Numbe	er, City or Town,	Stata, Zip (Code)
2	end 2 eelth		Donald J. Kirk (s	on)			_	Mill Road	, Dover,	Delawa	re 1	9901
ב כ	of He		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ F	Removei from State	20b. Place o cemete	f Disposition (Nam ry, crematory or o	ne of ther pla	ca)	Data	20c. Location	City or Tov	m, Stata
	Pag ment ant: I		4 □ Donation 5 □ Other (Specify)		Princ	ipio Cem	etei	су 3	/16/98	Perryvi	11e,	Maryland
parillinoie,	pemit. Pages 1 end 2 should be Department of Heelth and Menta Important: if item 27 is marked any injury or other traumatic ev pncs.		21. Signature of Funaral Service Licens	PHE	001.5		. Pa	ess of Facility tterson e, Maryla			ome	
П			23a. Part1. Entar tha disease, or complishock, or heart tailure. List only o	ications that caused								Approximate Intarval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition	de	lug	ration		GP CODO	,			Onsat and Death
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5	the de	Physician/IV	Part II. Other significant conditions con	ntributing to death bu	t not resulting i	n the undarlying c	ausa gh	van in Part i.	23b. Did	tobacco use co	ntribute to	the cause of death?
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ecolos,	aw 2 s	Completed							24a. Was perfo	an autopsy rmed?	avai	re autopsy findings ilable prior to apletion of cause eath?
	The law sate has b	Con							10	res 20 No	10	Yes 2□ No
10	ician: The certificate rector, peg	Be	25. Was case reterred to medical examiner?	1					ath (Check only o			
5	ng Phys fter this ineral di	ion: To	27. Manner of Death 12 Natural 5 Pending	lospital: 1 ☐ inpatian 28a. Date of Injury (Month, Day	/ 28b.	Time of 2	8c. Inju Wo	ry at rk?	ome 5 Resident	dence 6 Oth		1
MISIK	r Attend ter death rector: n by the	Certification:	2 Accident invastigation 3 Suicida 6 Could not be detarmined	28e. Placa of Injurbuilding, etc.		M arm, street, factory		Yes 2□No	28f. Location (S City or Tox	Street and Numb	er or Rural	Route Number,
2	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the funeral or the		29a. Certifier 1⊠ Certifying Phys	sician: To the best of	my knowledge	a, death occurred a	at the ti	me, date and place	, and due to tha	cause(s) and ma	nner as sta	ated.
	the Hi nin 24 the Fu	edical	one) 2 Medical Exami	ner: On the basis of a and manner stat	examination an	d/or investigation,	in my o	ppinion, death occu	rred at tha tima,	date and placa,	and due to	the cause(s)
	To	Σ	29b. Signature and title of certifier)		se number		29d. Data signe	_	
	,) ws	and	er		26	2183		March	. 13	1998
	6		30. Nama and addrass of person who co			(Type, Print)						
	Sta	to	Madhu Sachdev, M.I. 31. Date flied (Month, Day, Year)				2, 1	orth Eas	t, Maryl	and 21	901	
	Sta Registr		31. Date filed (Month, Pay Yes 38	Jula Da	r's Signature	mounts						

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64. F.W.

	It	.em#	19b,23a per FR,FH G759 5/14/98 EW	-	Department of F Certificate of			Reg. No.	09504
г	Physic	ian	1. Decedent's Neme (First, Middle, Last) Clara Jane Ricketis	Hendlei:			2. Dete of De Month	Dey	Yeer 8 3: 25 At
1	/Medi Exami		4e. Fecility Neme (If not Institution, give street end number)	nenucei		4b. City, Town, or	March Location of Deat	7, 199	
	Funeral Director		Citizens Nursing Home 5. Social Security Number 220-28-7027 6. Sex 1 M 2 XF	e (In yrs. lest birt	thday) If Under 1 Year Months Deys	Frederic If Under 24 Hrs Hours Min.	8. Dete of Bi (Month, Di	Frederith ay, Year) 5, 1931	vick ^{9.} Birthplace (State or Foreign Country) Mary Land
	and		Usuel Residence of Decedent 10a. State 10b. County	10c. City, Towr	n or Location				10d. Inside City Limits
	death with the Maryland ms 23a or 28a-f show r must be notified at	tor	Maryland Frederick	walker	sville				1 Yes 2 No
	or 284	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of V	Whet Country?
	a 23a	ral	8513 Fortune Place	5 i- 11 0	2179:			United	States - American Indian.
020	s 1 and 2 should be filed within 72 hours after death with the Manylar of Hauth and Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, if a Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2 □ Marrled 3 ▼Widowed 4 □ Divorced 12. Wes Decedent Armed Forces? 1 □ Yes 2 If Yes, Give Year or Detes:	_	13. Wes Decedent of H If Yes, specify Cub 1 ☐ Yes 2 ☐ No	Specify:	to Ricen, etc.)		k, White, etc.
21215-0020	hin 72 ho a. natur Mexical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5		Decedent's Usuel Occup (Give kind of work done life. DO NOT use retired	eation during most of wo	rking	16b. Kind of Bu	islness/Industry
	nould be filed within a Mental Hygiene. Thered other than natic event, the Mental Hygiene.	Com	12 -		omemaker			sell	
Maryland	d be fi	Be C	17. Fether's Neme (First, Middle, Last) Wilkie C. Ricketts					, Meiden Sumem	Θ)
aryl	2 should lend Menis marked sumatic	To	19e. Informent's Name/Reletionship (Type, Print)	1,90	. Mailipg Address (Street		Leona R		State, Zip Code)
	1 end 2 Haalth e em 27 ls		John Hendley / son	-9-5	585 KEVENDER		theach	cck. Max	gland 21703
Baltimore,	0 0		20e. Method of Disposition 1	cemeter	Disposition (Neme of ry, cremetory or other ple	1	Dete		Čity or Town, Stete
Him	permit. Pag Department Important: If eny Injury o		4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licensee	Ft. Li	ncoln Cemet	ery .	3/11/98	Brentwo	od, Maryland
Ba	permit. Departr Imports eny Inji		PEPBH.	Key	Staufger F 1621 Oposs	umtown F	Pike, Fr	ederick,	
	Physician '		23a. Part1. Enter the disease, or complications that baused shock, or heart failure. List only one cause on each li	the death	enter the mode of dyir	ng, such es cardia	c or respiretory e	errest,	Approximate Interval Between Ogset and Qeath
	/Medical		Immediate Ceuse (Final disease or condition Republication and the condition Republication Republicat	ACT	CANCE	. e			342
	Examiner	L	resulting in deeth)		consequence of):				10 110
_	ned insit	Examiner	b		, ,				1
o,	cate be executed physician end sthe buriel-Iransit	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c.	Due to (or es e o	consequence of):				
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Records,	The law requires that the death certificate be executed tab has been signed by the attending physician and paga 2 should be datached for use as the buriel-transit	Completed	DERIPHERAL VASCU OSTEOARTHRITIS				24e. Wes	s en eutopsy ormed?	24b. Were autopsy findings aveilable prior to completion of cause of deeth?
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Division	or Attending I after death. Director: After I in by the funer	Certification:	2 Accident investigation		M 1 🗆	Yes 2 No	28f. Location	Street and Numb	er or Rural Route Number,
2	X = = c	Certi	4 Homicide determined 288. Piece of Injury	:. (Specify)	rm, street, factory, office		City or To	wn, Stete)	0, 0, 110,0, 110,0, 110,0,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) Certifying Phyalcfan: To the best of end menner steepens.	examinetion end	, deeth occurred et the tir d/or investigetion, in my d	ne, dete end plece pinlon, death occu	e, end due to the urred et the time,	ceuse(s) end me date end plece,	nner as steted. and due to the ceuse(s)
	To the within To the Comp	M	29b. Signeture and title of certifier		29c. Licens			-	d (Month, Day, Year)
			to mb no		DZ	1936		3/10/	98
			30. Name and address of person who completed cause of de ANDREW DONELSON	mo	Type, Print) 915 TOLC	HOUSE	# 203	FREDE	98 RICK MO 21701
	Sta Registr			er's Signeture					
DHI	MH 16 Rev 6/9:		MAR 1 1 1998 Jahr	Mulleon	Karleth				

MANAGEN AND LINKS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

100		Decadant's Neme (First, Middla)		iviaiyiaik		tificate of	Death		Reg. No.	
Physicia	an	Dorothy	H •		Joyce	2		Month	Day	Yaar
/Medic		4a. Facility Name (If not Institution		er)	ooye.		4b. City, Town, or L	03		98 9:00AM
Examin	er	Chesapeake W					CAMBRII	OGE	DOR	CHESTER
Funeral Director		5. Social Sacurity Number 217-03-9561 Usual Residence of Decadant	4 D M WYE	Aga (In yrs. la	Yrs.	if Undar 1 Yaar Months Days		8. Date of Birth (Month, Day OCT • 12,	7, Yaar) 1914	Birthplaca (State or Fora Country) MARYLAND
/land		10a. Stata 10b. County		10c. City	Town or Loc	cation				10d. Inside City Limi
the Marylar 28a-f show notified at	tor	MD	DORCHESTER	(CAMBRI	DGE				1∭ Yas 2□N
23a or 28	Funeral Director	10e. Street and Number 525 GLENBURN A	VENUE			10f. Zip Coda	21613		10g. Citizen of V	What Country?
urs a	by	11. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced	12. Was Daceda Armed Force ad 1 Yes 2 If Yas, Giva Yaar or Data	S? ZNo		Vas Decedant of Yes, specify Cul	Hispanic Origin? (Spoan, Mexican, Puarto Specify:	ecify Yes or No- Rican, atc.)	14. Reca Blad Specify	a - Amarican Indian, sk, Whita, etc.
filed within 72 hours Hygiene. ther than "natural", ant, the Med. on Exa	Completed	15. Dacadant (Specify only highas Elamentary/Secondary (0-12) 12	s Education grada complatad) Collega (1-4	or 5+)	(Giva I life. D	ant's Usual Occu kind of work dona OO NOT usa retire PTIONIST	i during most of work ed)	ing		usiness/Industry BOARD OF ONS
8 2 2 2	To Be C	17. Fathar's Name (First, Middla, L HARRY HENRY HO	*		-		18. Mothar's Nam FANNY	a (First, Middla, ALVERTA		е)
- a a =		19a. Informant's Name/Ralationsh	ip (Typa, Print)		19b. Mailin	g Addrass (Stree	t and Number or Rur	al Routa Numbe	r, City or Town,	Stata, Zip Coda)
1 end 2 Health em 27 l		VALORIE A.J. PH	ELPS/DAUGH	-			S WHARF,	TRAPPE,	MD 2167	73
permit. Peges 1 end Depertment of Health Important: If item 27 any injury or other tr once.		20e. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp	3 □Ramoval from Sta acify)	. ce	matary, cram	sition (Nama of latory or othar pla E CREMAT	CION CTR.	3-10	20c. Location - CHESTEI	City or Town, Stata R, MD
permit. Depend Import any Inj phice.		21. Signetura of Funarai Service L	icensaa 1. Ostrou	uski.	FE					RAL HOME, P.A
		23a. Part1. Entar the disaese, or o shock, or haart fallura. List of	complications that caus	sad the death.	Do not ante	r tha mode of dy	ing, such as cardiac	or respiratory en	est,	Approximata Interval Between
Physician /Medical Examiner		Immediata Causa (Final disaase or condition rasulting in death)	A/2	e fir	ner	. >	sens.	9		Onset and Daath
	iner	rasulting in deality			as a consequ					
ifficate be executed g physician and es the bunel-transit	i Examiner	Sequantially list conditions, if any, laading to Immadiate cause. Entar Underlying Causa (Diseasa or Injury that initiated avants	0.	Dua to (or	as a consequ	uance of):				
	2	that initiated avants rasulting in death) Last	d	Dua to (or a	as a consaqu	ence of):				
thet the death cert ed by the attendin deteched for use	Physician/									
the de	ysic	Part II. Other algnificant condition	a contributing to death	but not result	ting in the un-	darlying causa gi	van in Part I.	23b. Dld te	obacco use con	tributa to the cause of deat
S 5 0	by Ph							1 🗆 Y	os perno	3 Probably 4 Unkno
aw 2 s S	Completed							24e, Was a perfor		24b. Wara autopsy findings evallabla prior to completion of causa of death?
sician: The law certificate has t sirector, pege 2 s	ပ္ ပ							1 🗆 Y	es 22 No	1 ☐ Yas 2 000
cian	Be	25. Wes casa rafarrad to medical axaminar?	Han-ital.			100	26. Place of Deat			
事 章	tion: To	1 ☐ Yas 2 ☐ Nannar of Death Manual 5 ☐ Panding 2 ☐ Accident 1			R/Outpatiant 28b. Time of Injury	28c. Inju		me 5 Residence R		
To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: After completely filled in by the funeral programme.	Certification:	3 Sulcida 6 Could no datermin	ot be 28e. Placa of	Injury - At hom atc. (Specify)	na, farm, stree	at, factory, office		28f. Location (Si City or Town	treet and Number n, Stata)	er or Rural Route Number,
To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	edical	29a. Certifiar (Check only one) Cartifying Cartifying Cartifying	Physician: To the best carminer: On the basis and manner	of axaminatio	edga, daath on and/or inve	occurred at tha ti estigation, in my	me, data and place, opinion, death occurr	and due to the c ed at tha tima, d	ause(s) and mai ate and placa, a	nner as stated. and dua to tha causa(s)
within To the comp		29b. Signatura and titla of certifier	>			29c. Licens				(Month, Day, Year)
		Miffer	Conone	2		126	384		3-5-9	8
e =		30. Nama and address of person w	enmo 3	62.00	/INS	Hur/o	384 L Ma	12/6	543	
State Registra	-	31. Data filed (Month, Day, Year) MAR 1 0 1	32. Regis	strar's Signatui	re	d.00				

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene) Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March 13,1998 **Physician** Willie Johnson 3:10PM W. /Medical 4b. City, Town, or Location of Death 4a Fecility Name (If not institution, give street and number) 4c. County of Death **Examiner** NORTH ARUNDEL HOSPITAL GIEN BURNIE AACOUNTY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthdey) **Funeral** Months 68 Yrs. 16, Jan. 212-30-2078 Maryland Director Usual Residence of Decedent 10e State 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or terms 23a or 25a-f show treumeric event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Pasadena Maryland Anne Arundel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21122 USA 910 Beales Trail Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 2 No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status 1 □ Never Married 2 □ Married Specify: Black 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: þ 3 Nidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Johnson Willie Elementary/Secondery (0-12) College (1-4or 5+) Laborer Construction 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be Rosella Height Andrew Johnson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m 19a. Informant's Name/Relationship (Type, Print) 910 Beales Trail Pasadena, Maryland 21122 Marquese Johnson/Daughter 20b. Place of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremation 3 □ Removal from State injury or 4 ☐ Donation 5 ☐ Other (Specify) Carroll Western UMC Cem. 3/18/98 Prince Frederick, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Sewell Funeral Home Blocky a. Sewell 1451 Dares Beach Rd. Prince Frederick, MD 20678 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete tnterval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Cardio respirator disease or condition resulting in deeth) Examiner Examiner sholle physician end the buriel-transit Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Box 68760 Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence of) 80 esn signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 ☐ Probably 4 ☑ Unknown Dister melitis, type? py 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy peed discompelite 1 Tyes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital I or Attending Physician: efter death. Director: After this certifice funeral director, 25. Wes case referred to medical Be 26. Plece of Death (Check only one) Other: 4 🖸 Nursing Home 5 🗆 Residenca 6 🗆 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide To the Hospital or Atterwithin 24 hours efter der To the Funeral Director completely filled in by the 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 29a, Certifier 1🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) MA 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Do HSic Hung 1. Date filed (Month, Day, Yeer) HWY, SU. #8

1916

Julis Savelson Randall

32. Registrar's Signature

Registrar DHMH 16 Rev 6/95

State

2,242.04

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SICILLY FOR THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 15 1998 1998 PAIN. THE SLACUM KNAACK 0515 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Death Dorchester Dorchester General Hospital Cambridge 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Dec. 18 1908 Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) Months Days Hours 220-01-6934 89 Yrs. Maryland Usual Residence of Decedent 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits MD Dorchester Cambridge TE Tes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 525 Glenburn Ave. 21613 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces?*

1 Yes 2 No If Yas, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, atc. 11 Mantal Status 1 Never Merried 2 Married 1□ Yes grano white Specify: 32 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16h Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4or 5+) 10 sewing machine operator garment manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) George Slacum Marv Stewart Guy 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1451 Hip Roof Rd., Church Creek MD 21622 Mrs. Martha Newcomb-daughter 20b. Piaca of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Durial 2 ☐ Cremation 3 ☐ Removel from State ☐ Donation 5 ☐ Other (Specify) Green Lawn Cemetery 3-17-98 Cambridge, Maryland 21. Signatura of Juneral Service Licensee 22. Name and Address of Facility
Thomas Funeral Home, P.A. 700 Locust St. Cambridge, MD 21613 23a. Part1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only ona ceusa on each line. Approximete Intervel Between Onsat and Death Immediate Cause (Finel Aspiration precennia.

Due to (or as a consequence of): disease or condition rasulting in death) useell Muldeple as pushows
Due to (or as e consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting in death) Last Stroke Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24e. Was an autopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 D No 25. Was case refarred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 patient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

the buriel-transit

USB BS

signed by the

certificate hes been si rector, page 2 should b

After this

To the Hospital or Attending Phy within 24 hours after deeth.

To the Funeral Director: After this completely filled in by the funeral is

pue

The law requires that the death certificete be executed

Records, P.O. Box 68760,

Division of Vital

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral

Director

r than "natural", or Itams 23a or 28a-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Depertment of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s any fnjury or other traumatic event, the Hedical Examples in the second of the

Baltimore, Maryland 21215-0020

the Meryland

Examiner Physician/Medical Completed Be

Medical Certification: To 1 Yes 2 Ne 27. Manner of Dea 1 Matural 2 Accident 3 Suicide

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. mulleple stokes

28a. Date of Injury (Month, Dev Year)

NIA

Othar: 4 Nurşing Home 5 Residenca 8 Other (Specify)

NA 28d. Describe how Injury occurred 1 ☐ Yas 2 ☐ No

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Tolky) State)

29a. Certifier

4 Homicide

1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at tha time, date and placa, and due to the ceuse(s) end manner stated.

29c. License number

29b. Signeture and title of certifier

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

5 Pending investigation

6 Could not be determined

MD

211284

400 Maryland Ave

3.17.12

State

31. Date filed (Month, Day, Year) MAR 1 8 1998

JBINSON

22. Registrar's Signature

WILKE MD

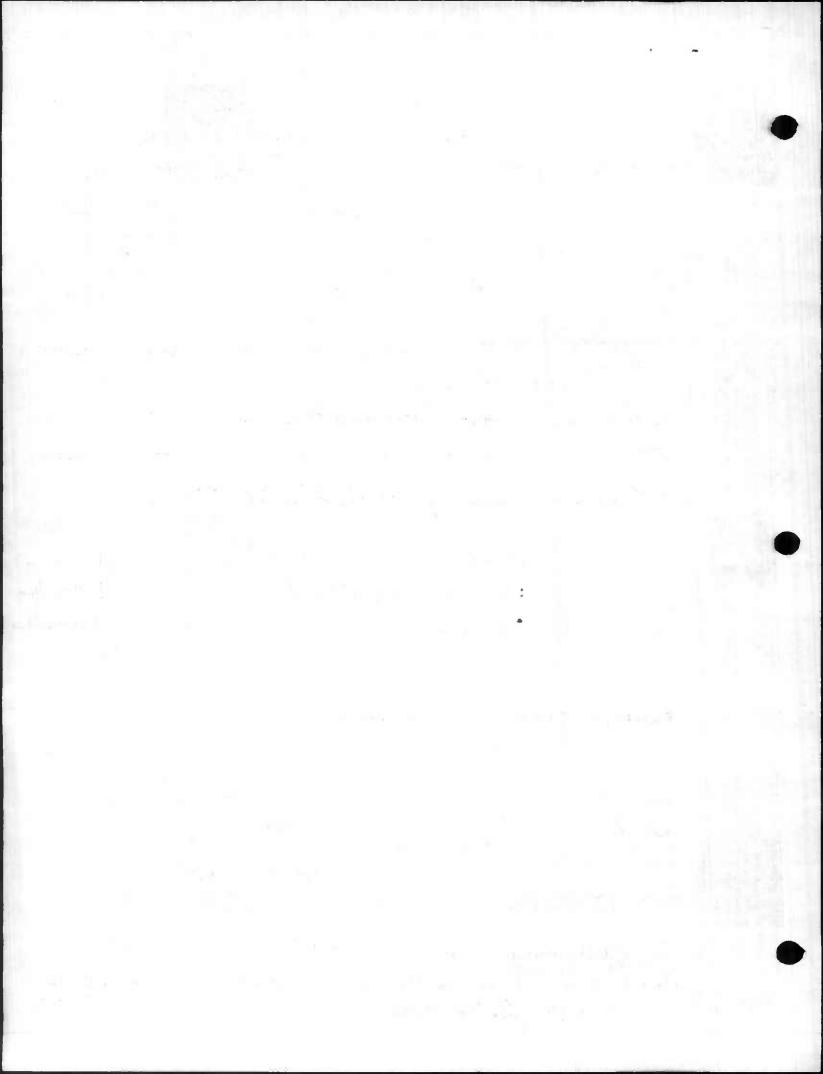
28b. Time of

Injury

NIA

Cambride 40 2160

Registrar



98-1448-015

Peges 1 end 2 should be filed within nent of Health and Mental Hygiene. ant: if item 27 is marked other than " ury or other traumatic event, the Ma

permit. Pege Department of Important: if any injury or

Physician

/Medical Examiner

physician end s the burial-transit

attending pl

signed by the a

page 2 has

in by

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

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Completed

Be

Certification: To

Medical

Baltimore, Maryland 2121

Compl

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rtment of Health and Mental H	ygiene	8	0	9	5	n	8
ellington of Donath	and and	0	U	-	V	0	1
tificate of Death	One No						

	EMETRÍOUS ALLITOS		State of Ma	aryland / Depa <i>Ce</i>	artment of rtificate or			giene 8	095
	Physician /Medical	1. Decedent's Name (First, Middle, Le Dimitrios	ast)	Malitos	5		2. Date of Dee Month MARCH	Dey	3. 1998 10
•	Examiner	4a Facility Name (If not institution, given 538 BLUE BALL ROAL)				4b. City, Town, or ELKTON	Location of Deeth	4c. County CECII	
	Funeral Director			e (In yrs. last birthday) 4 Yrs.	If Under 1 Yes Montha Day			7964	9. Birthplace GIEE
	death with the Maryland ms 23a or 28a4 show result to notified at	Usual Residence of Decedent 10a. State 10b. County Maryland Cecil		10c. City, Town or Lo	ocation				10d. l
	uth with the Mar 23a or 28a-f si	10e. Street and Number 615 Union Chu	rch Road		10f. Zip Code 2.1921			10g. Citizen of N Greece	
020	urs after air, or its marries by Fui	11. Maritel Status 11 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:	No	Was Decedent of If Yes, specify Cu 1 ☑ Yes 2 □ N	f Hispanic Origin? (Suban, Mexican, Puerlo Specify: G	pecify Yes or No- o Rican, etc.)	Biad	ce - American Ir ck, White, etc. y:White
15-0020	n 72 hours "natural", edical Era	15. Decedent's E (Specify only highest gr		(Give	dent's Usual Occ kind of work don DO NOT use reti	ne during most of wor	rking	16b. Kind of B	usiness/Industr

17. Father's Name (First, Middle, Last)
Paschalis Malitos 18. Mother's Name (First, Middle, Maiden Surname) Afroula Thiadoyka 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Restaurant Worker

19a. Informant's Name/Relationship (Type, Print) Nick Portokalas 20e. Method of Disposition

5 Banff Ct. Bear Delaware 19701

20b. Placa of Disposition (Name of cemetery, crematory or other place) 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) EUROU 22. Name and Address of Facility 21. Signature of Funeral Service Ligensee

College (1-4or 5+)

259 Gee Funeral Home E. Main St. Elkton

Date

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart tailure. List only one cadse on each line. Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)

Elementary/Secondery (0-12)

Muchiple

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last

Due to (or as a consequenca of):

Due to (or as a consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown

24e. Was en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

3. Time of Death

10:52P.M.

9. Birthplace (State or Foreign Greece

Race - American Indien.

Pizza

20c. Location - City or Town, State

10d. Inside City Limits 1 Yes X No

197Yes 2 No

19 Yes 2 No

25. Was case referred to medical examiner? XYes 2 No

27. Manner of Deeth

1 Netural

2 Accident

(Check only one)

1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 28b. Time of 3-14-98

Injury 1 Yes 2 No 2246M

Other: 4 Nursing Home 5 Residence 6 Other (Specify) SCENE 28d. Describe how Injury occurred

111 Penn Street, Baltimore, Maryland 21201

28. Piece of Deeth (Check only one)

object collision (Street and Number or Rural Route Number,

6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide oudwan

Cowles

Bull 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

29a, Certifier

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

MARCH 15, 1998

Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica

31. Date filed (Month, Day, Year)

32. Registrar's Signature

MAR 1 6 1998

5 Pending

Investigation

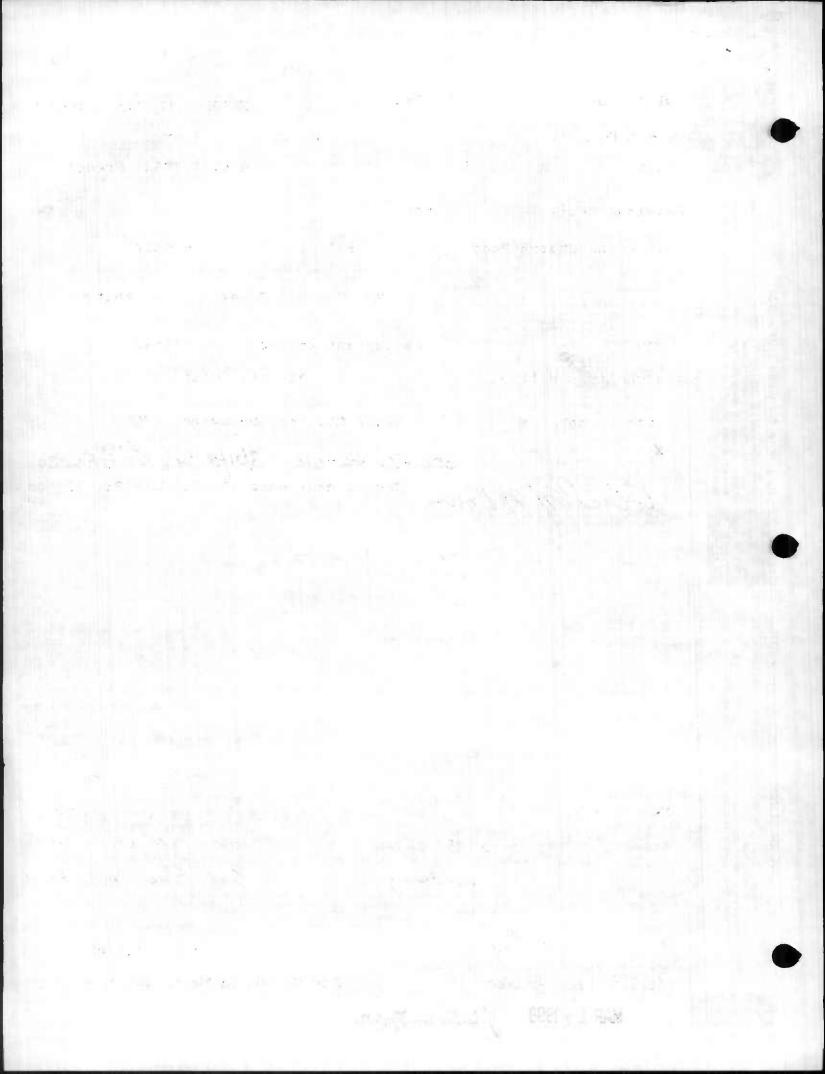
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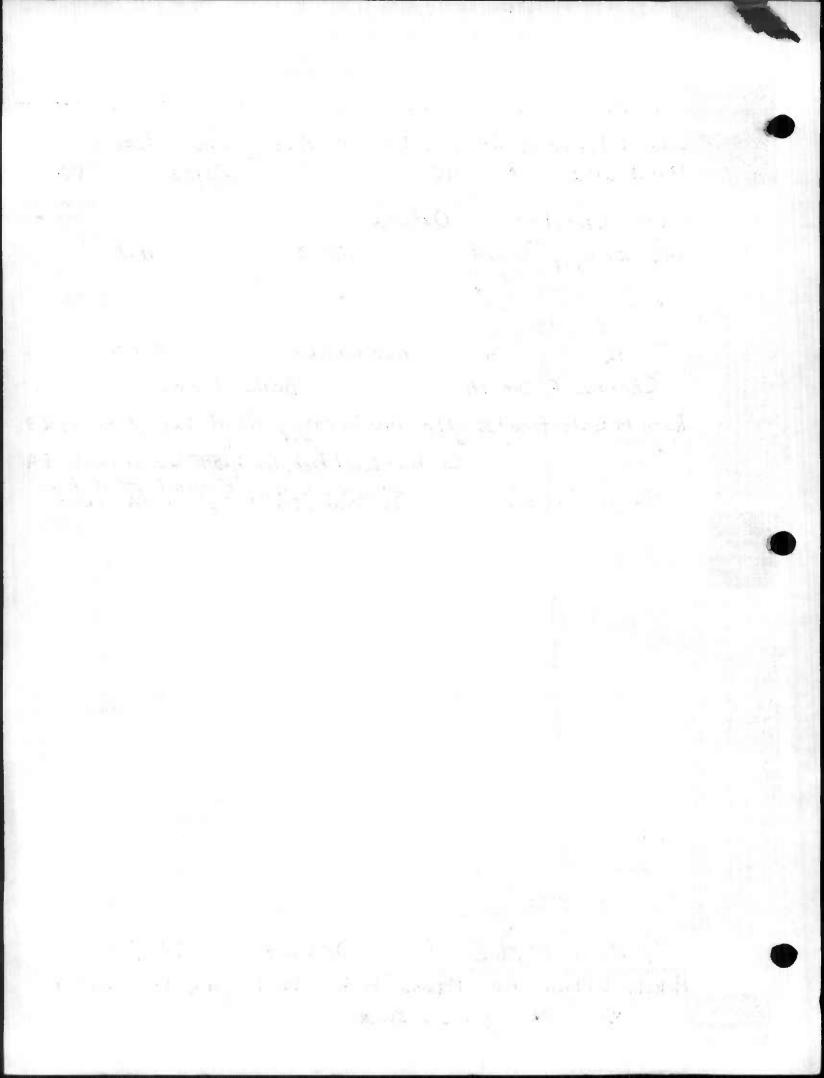
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State Registrar



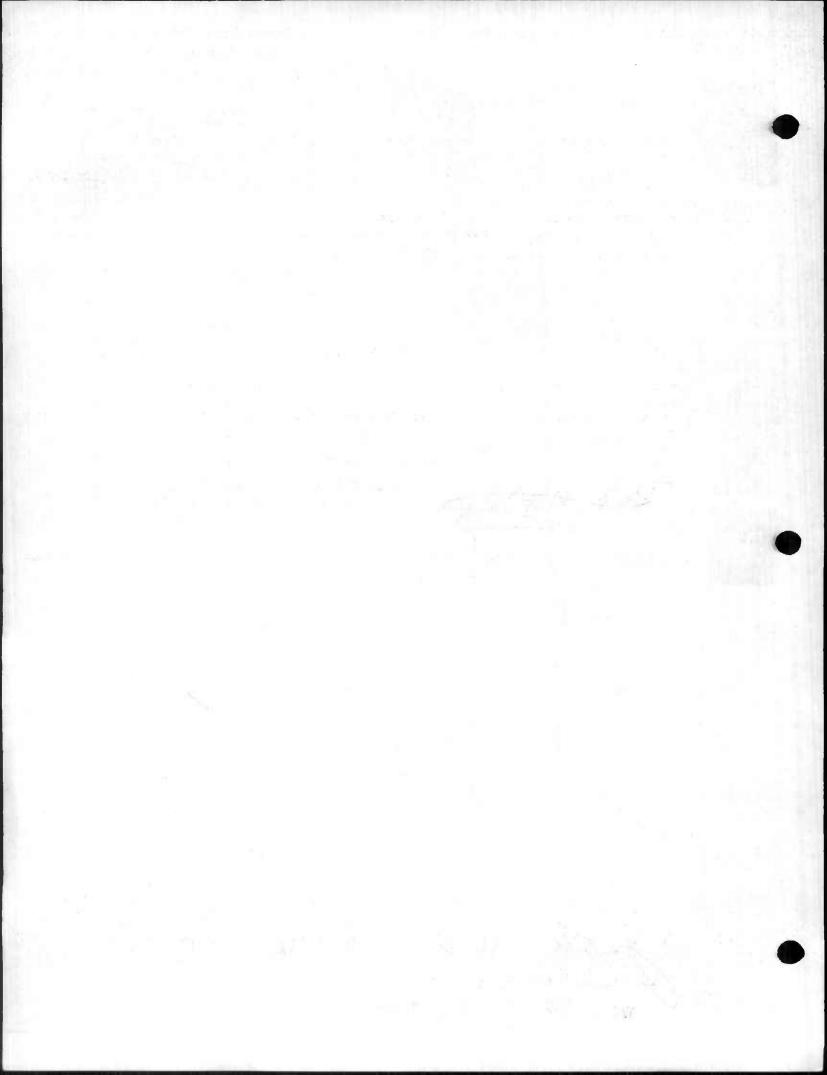
Item, 20b, 3/17/98, LM, CECIL Co. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death March **Physician** 6:45 PM Emeline **E** . McSparran /Medical 4a. Facility Nema (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Sun Healthcare Risi of terminal of the second of t alvert ecil 8. Data of Birth (Month, Day, Year) 3/3/03 6. Sax 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2MF 95 187-38-6752 Director Usual Rasidance of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinal must be notified at Oxford Director 1 Yas 2 No Chest 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Scrogg USA 19363 140 Koad permit. Pages 1 and 2 should be filed within 72 hours aftar death 1 Department of Haelth and Mental Hygiena. Important: If item 27 is marked other than "natural", or harmonary injury or other trainment. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Black, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White þ 3 XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Coilega (1-4or 5+) Elementery/Secondary (0-12) nome homemaker 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surname) Charles Belle Jones 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Scrossy 140 Road Oxford PA M. Galantino Idaughter Propy Con 3/25 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from State Chestnut Level 4 ☐ Donation 5 ☐ Othar (Specify) Quarry ville PA 21. Signature of Funarai Sarvice Licensee 22. Name and Address of Facility
Edward L. Collins Home Inc. Funeral Edward L. Collins 86 Pine Street Klum 19363 Oxtord 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac of respiratory errest shock, or heart tailure. List only one cause on each line. **Physician** /Medical Immedieta Causa (Finel disease or condition rasulting In deeth) ascular Examiner Due to (or as a consequence of) Examine attending physician and for usa as the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part it. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detact 3 □ Probably 4 Unknown 1 ☐ Yes 2 ☐ No à 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an eutopsy performed? Completed 2000 cartificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital the Hospital or Attending Physician: Be 25. Was casa ratarred to medical axaminer? 28. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funarai 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. Injury et Work? After 1 Netural 2 Accidant 5 Panding Investigation daath. To the Hospital or Attendir within 24 hours after daath. To the Funeral Director: Al complataly filled in by tha fu 1 ☐ Yas 2 ☐ No 3 Suicida 6 Could not be 28a. Piaca of injury - At homa, farm, streat, tactory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, end dua to tha causa(s) and manner as stated.

2 Medical Examinar: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated. Medical 29a, Certifier (Check only 29b. Signatura end titla of certifier 29d. Dete signed (Month, Day, Year) 29c. Licensa number 30. Nama and address of person who completed causa of death (tam 23a) (Typa, Print) D. Phillips MD Darlington Masonic 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State MAR 1 7 1998 Julia Davidson Registrar



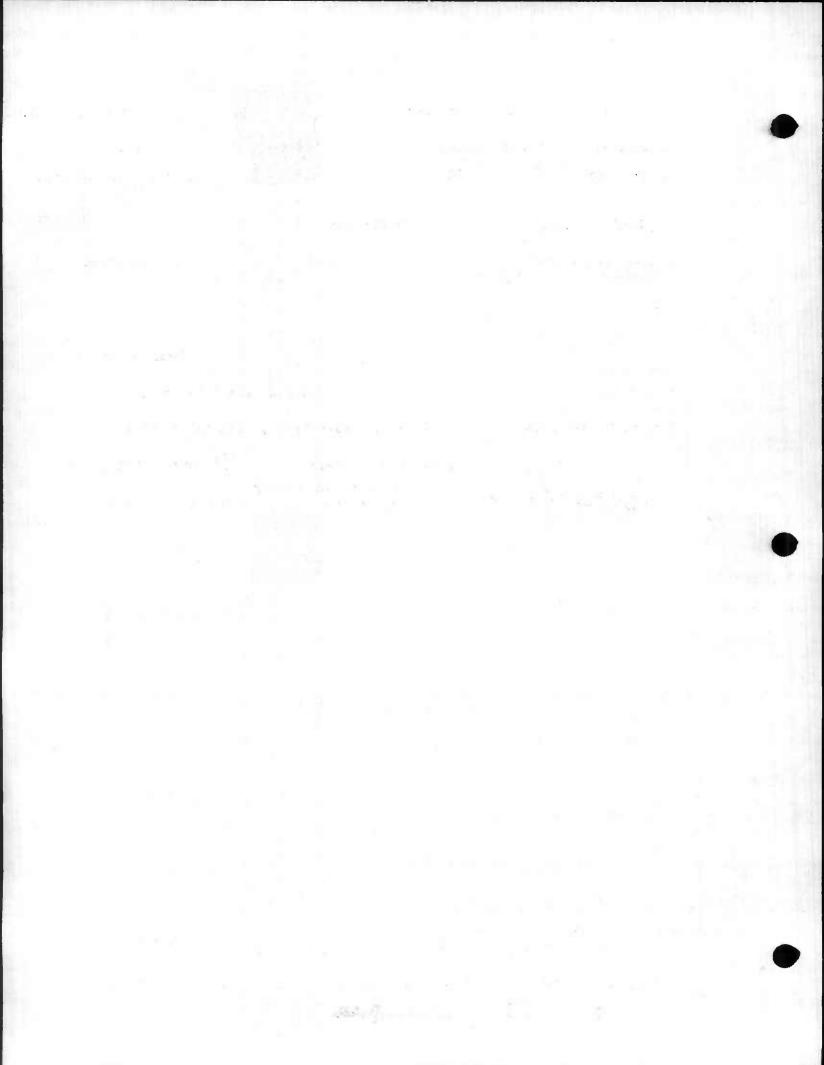
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death 2. Date of Death Vaa **Physician** Month RICHARD B. MERRITT, 2,1998 March /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Union Hospital Cecil Elkton If Undar 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Days Hours 1⊠M 2□ F 68 Yrs. Director 217-26-9722 3-1-1930 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 GYes 2 No Maryland Director Cecil Warwick 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? with 20 Church Rd. P.O. BOX 245 21912 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forcas?
1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 11. Maritai Status permit. Peges 1 end 2 should be filed within 72 hours efter a Department of Health end Mentel Hygiene. Important: If them 27 is merked other than "natural", or them any injury or other traumatic event, the pares. 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 Yas 2√ No Specify: Specify: white à 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15 Decadent's Education 16b. Kind of Business/industry (Specify only highast grade completed) Building Elementary/Secondery (0-12) College (1-4or 5+) Carpenter/Contractor 12 Construction 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Richard B. Merritt, Jr. Hilda Money 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anna K. Merritt 20 Church Rd.P.O.Box 245, Warwick, MD. 21912 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Warwick Cemetery 3-15-98 Warwick, MD. 21. Signature of Funeral Service Lice 22. Name and Address of Facility
DANIELS & HUTCHISON FUNERAL HOME 212 N. Broad Street, Middletown, DE. 19709 23a. Part1. Entar the disease, or complete the cause on each line. at caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Intervel Between Onset and Death **Physician** /Medical immediate Cause (Final a. Lung Cancer disaase or condition resulting in deeth) 5 Years **Examiner** Due to (or as a consequence of): Examiner that the death certificate be executed physician and the bunal-tren Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of). P.O. Box 68760. Physician/Medical Due to (or as a consequenca of) attending Po been signed by the a should be detached f Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performad? has 1 Yes 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Hospitai: 1 Inpatient Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpatient 3 DOA this funeral 27. Manner Daath 28e. Date of Injury (Month, Day Year) To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 157 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. edical 29a. Certifier 29b. Signatu d title of cartiffe 29c. License number 29d. Date signed (Month, Day, Year) 30 Name address of person who completed cause of death (Item 23e) (Type, Print) JOSE FIG. 31 Day filed (Month, Day, Year) MAR 1 3 1998 Ma MD. 111 W. High Street, Elkton, MD. 21921 32. Registrar's Signature State ia Davidson Pondesse Registrar



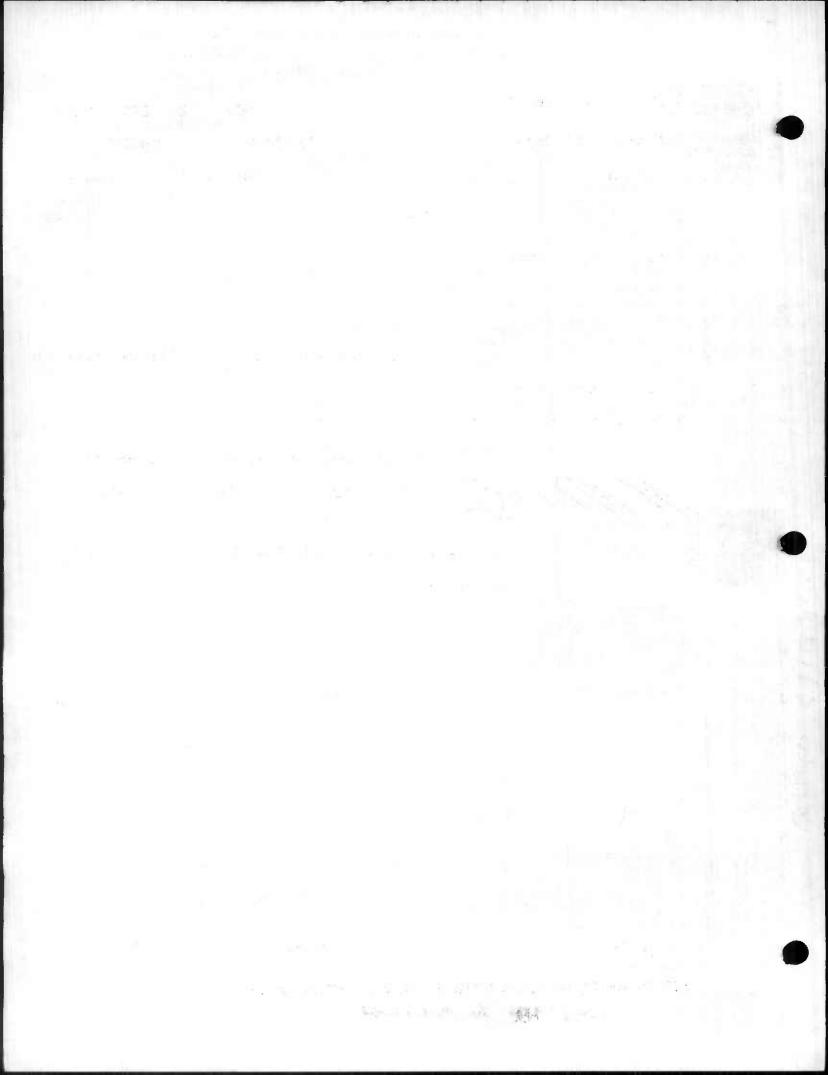
State of Maryland / Department of Health and Mental Hygiene 9 8 0 9 5 1

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н	Physic	ian	Decedent's Name (First, Middle, Last)	,					2. Date of Dea Month	th Day	Year	3. Time of Death
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	Funeral Director		5. Social Security Number 6. Se. 153-09-8150 Usual Residence of Decedent	7. Ag	e (In yrs. I 80	ast birthday) Yrs.	If Under 1 Year Months Days	Hours Min				lace (State or Foreign try) nsylvania
	inyland show	_	10a. State 10b. County		10c. City	, Town or Loc	ation				10	Od. Inside City Limits
	the Ma	ecto	Maryland Ceci	1		Char	lestown			Og. Citizen of	Mast Coun	1 ☐ Yes 2 ☑ No
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21215-0020	C .	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) College (1-4or 5	i+)	(Give k life. De		during most of wo	orking	16b. Kind of B	usiness/ind	dustry
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Maryland	2 should be filed within end Mental Hygiene. Is marked other than eumatic event, the Mental county of the Mental county.	To Be	Paul Morsey						nina Calb			
Mar	12 sho h end le me treum		19a. Informant'a Name/Relationship (Ty						lural Route Number			
ē,	Pages 1 and 2 should be filed within neal of Heelth and Mental Hygiene. Int: If Nem 27 is marked other than lary or other treumatic event, the lary or		Carl A. Morsey / S 20a. Method of Disposition 1⊠ Burlal 2 □ Cremation 3 □ R		Ce	ace of Disposi metery, crema	tion (Name of atory or other pla	ace)	Mar. 12	20c. Location -	City or To	wn, State
Baltir	permit. Pages Depertment of Important: If It any Injury or once.		4 Donation 5 Other (Specify) 21. Signature of Juneral Serves License	67 /	Arl			ry ess of Facility neral Hon		rexel H	lill,	Penna.
G	_		23a. Part1. Enter the disease, or compil	cations that caused	the death	. Do not enter	7 S. Ma	in St., N	North Eas	t, MD	2190	Approximate
	Physician /Medicai Examiner		shock, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)			okte	uelive	Pulmo	nary Di	Sause		Interval Between Onaet and Death Years
		Jer	Toouting in Godin			as a consequ			,		1	`
90,	tificate be executed ig physician and as the burial-transit	il Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	. ———	Due to (or	as a consequ	ence of):				1	
x 68760,	‡ p a	/Medical	that initiated events resulting in death) Last		Due to (or	as a conseque	ence of):					
. Box	deeth e atten d for u	Physician/	Part II. Other significant conditions con	tributing to death b	of not resu	Iting In the unc	ledving cause o	iven in Part I	23h Did to	phaceo usa co	ntribute to	the cause of death?
, P.O.	ires that the death cer signed by the attendin d be detached for use	by Phys	- Coconary			-	onlying oddoo g		187	-		pebly 4 Unknown
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a B									1□ Y	es 2010	10	Yes 2□ No
Ž	Physician: rthis certific rral director,	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	ospital:	nt 2 🗆 E	R/Outpatient	3□ DOA O	her:	ath (Check only on Home 5 - Reside		er (Sneolh	41
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	Hospi 24 hour Funeri stely fills	edical	29a. Certifier 1 ☐ Certifying Phys (Check only one)	ician: To the best of er: On the basis of and manner sta	examinati	riedge, death o on and/or inve	occurred at the t stigation, in my	ime, date and place opinion, death occ	e, and due to the curred at the time, d	ause(s) and ma ate and placa,	anner as st and due to	ated. the cause(s)
	To the within To the comple	Mec	29b. Signature and title of certifier			か か	29c. Licen	se number	2	9d. Date signe	d (Month, I	Day, Year)
•			30. Name and address of person who co	mpleted cause of de	eath (Item	23a) (Type, P	rint)	BB FI	Klene	mp2	193	/
	Sta Registr	_		1998 ^{32. Registra}	als Signati	ure or it days	And 12		Cery			

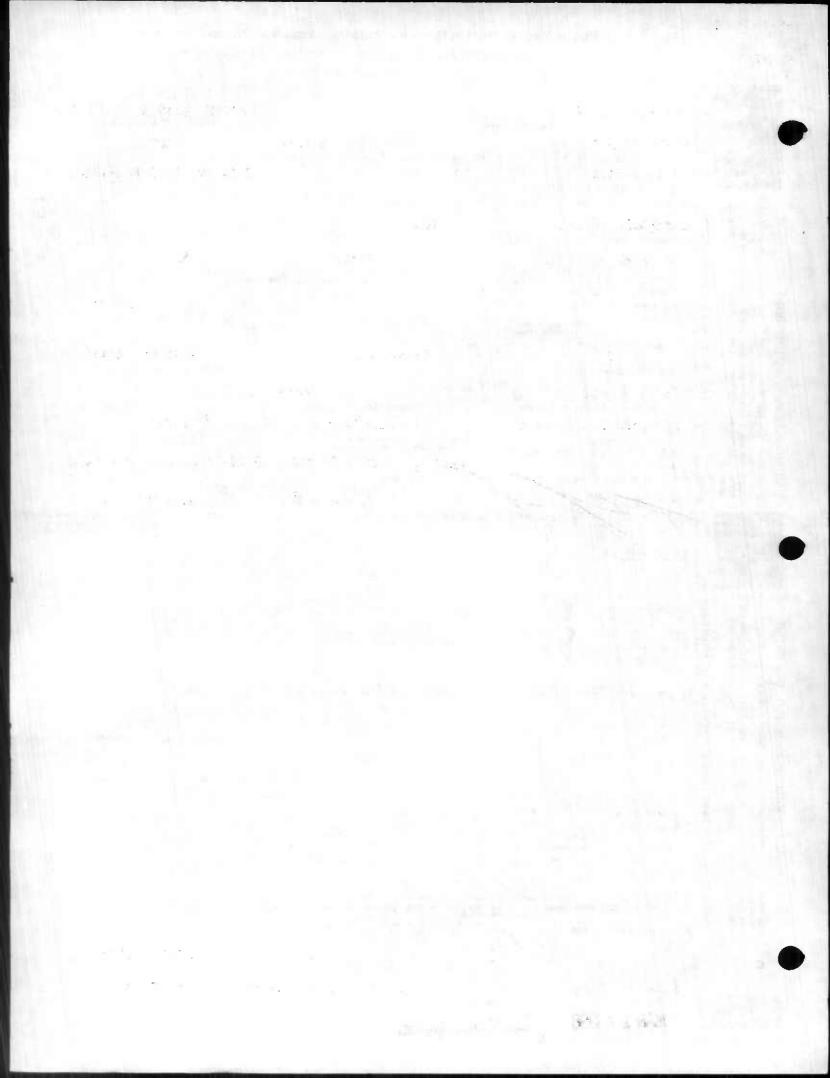


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		CIVISTA MEDICAL				M I Index 4	Van	LA PI			CHAF		
Funeral Director		5. Social Security Number 6. 579 62 1210 Usual Residence of Decedant	Sax 7 1 □ M 2 1 □ F	. Age (<i>in yr</i> s. 52	lest birthday) Yrs.	Months	Days	Hours N	Hrs. 8. Date of 8 (Month, 1	ley, Year)	45	Birthple Country Wash	(State or
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or 28	Sire.	10e. Street and Number				10f. Zip C	Coda			10g. Citiz	en of Wha	t Country	17
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0 5	by Funeral Director	11. Marital Status 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Deced Armed Forc 1 Tyes 2 If Yes, Give Yaar or Date	es? □ <u>x</u> No		Was Daceda If Yas, specif 1 ☐ Yes 2		panic Origin , Maxican, Pi Specify:	? (Specify Yas or Nuerto Rican, etc.)		4. Race - A Black, N Specify:	White, etc	Э.
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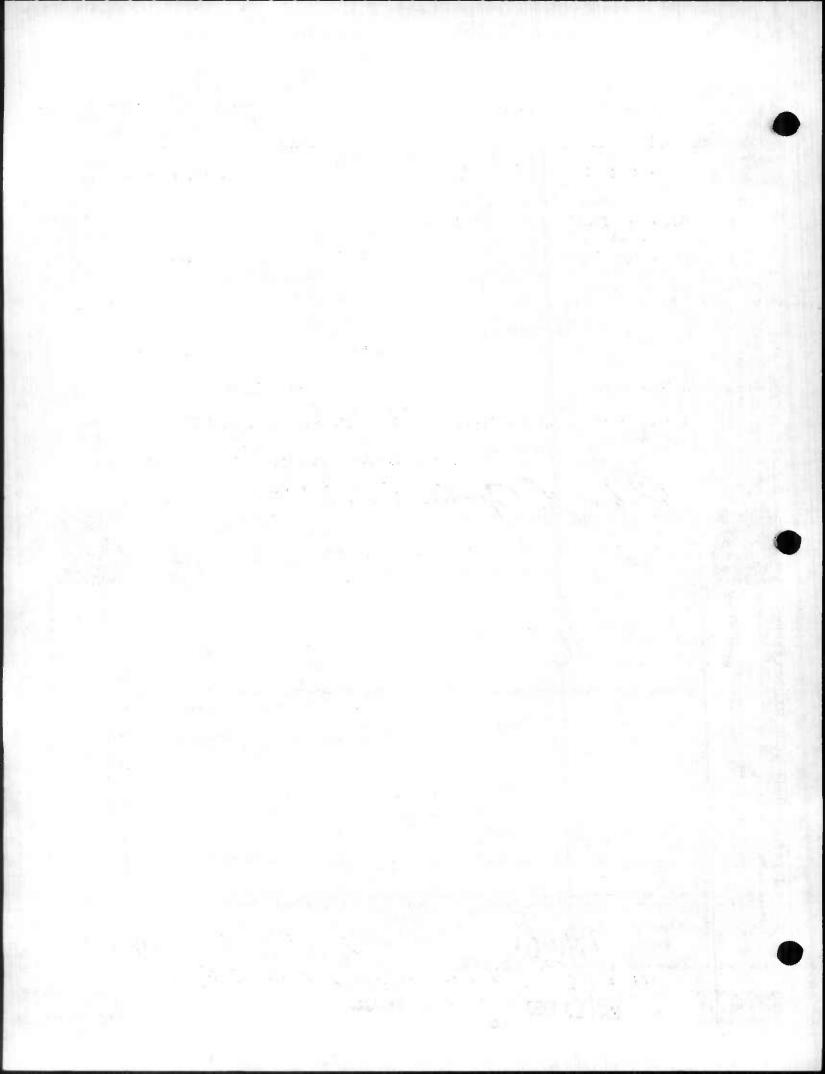


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State of Maryland / Department of Health and Mental Hygiene 98 095 14

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Physicia /Medic		Louise Bryant O	glesby					March	13	1998	2:15	AM
Examin		4a. Facility Name (If not institution, give	street and number)				4b. City, Town, or	Location of Death	4c. C	ounty of Deeth		
		575 Colora Rd.					Colora		(Cecil		
uneral rector		5. Sociel Security Number 6. S 226-32-6131	9X 7. Age (In y		rs. If Und Month	der 1 Year hs Deys	If Under 24 Hrs Hours Min		h Y. Year)	9. Birthp County	lace (State of the state) LNLA	or For
>		Usual Residence of Decedent		0								
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d othe	Be	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Maiden S	umame)		
	ToE	Nathan Bryant					Irene.	Saunders				
If Item 27 is marke or other traumatic		19a. Informant's Name/Relationship (7	ype, Print)	19b. I	Malling Addre	ess (Street	and Number or R	ural Route Numbe	r, City or	Town, Stete, Zip	Code)	
em 27 le		Albert Crockett Och	lesby Jr/Son	222	204 SU	idell	Rd. Bo	yds, MD	20841			
mportant: If Item 27 any injury or other tr ance.		20e. Method of Disposition		Place of D	Disposition (A	Name of		Date		etion - City or To	wn, State	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth Dey 1998 **Physician** Month ROESEN 9 WILLIAM FRANK MARCH 8:20 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MEMORIAL HOSPITAL EASTON TALBOT If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Sex ¥□M 2□F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Yrs. 354-05-3969 Director JULY 22,1920 ILLINOIS Usuai Residence of Decedent with the Maryland WILLIAM ROESEN Baltimore, Maryland 21215-0020 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pagas 1 and 2 should be filed within 72 hours aftar daeth with tha Marylar nent of Haaith end Mental Hygiane. anti of Hams 23a or 28a-1 show ant: If Item 27 is marked other than "natural", or Itams 23a or 28a-1 show ury or other traumstic event, the Medical Examiner must be notified as 1 Yes 2 □ No Director TALBOT EASTON 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21601 29295 PIN OAK WAY Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married TV Yes 2 No If Yes, Give Year or Dates: WHITE 1 Yes 2 N Specify: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) AIRCRAFT ENGINEER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be MILDRED SCHMITT ROESEN ADOLPH. 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 29295 PIN OAK WAY, EASTON, MD 21601 KATHRYN F. ROESEN/ WIFE 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete WBurial 2 ☐ Cremetion 3 ☐ Removel from State permit. Paga Department of Important: If any Injury or once. WOODLAWN MEMORIAL PARK 3 - 12EASTON, MD 21601 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. 200 S. HARRISON ST., EASTON, MD 21601 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory erres shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Fine) Congest disease or condition resulting in deeth) Examiner Examiner The law requires that the death cartificate be executed tha burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest and Box 68760. Physician/Medicai Due to (or es e consequence of) ata hes been signed by tha ettanding p paga 2 should be deteched for usa as Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. P.0. 23b. Did tobecco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown COPD Records, þ Renal Failure 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? Diabetes cartificata 1 Yes 2 No 2 No of Vital or Attending Physician: director. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To After this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 1 DNature 5 Pending 1 Yes 2 No 24 hours eftar death. investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) In by 4 ☐ Homicide completaly filled Hospital 1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, dete end placa, end due to the ceuse(s) end menner as steted. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. within 2 ş 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) 3,9,98 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) PETER WHITESELL, M.D., 508 IDLEWILD AVENUE, EASTON, MD 21601 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State Julia Davidson Registra MAR 1 0 1998

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death

Physician /Medical Examiner

Director

Funeral

p

Completed

1. Decedant's Nama (First, Middla, Last)

Director

with the Maryland item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygiene. Important: if frem 27 is marked other than "natural", or frems 23s any injury or other traumatic event, the Modical Examiner mass

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Physician/Medical ρ Completed Certification:

physician end the burial-transit the deeth certificate be exec attending esn ned by the atten deteched for u signed by t should I hes this cartificate funeral After To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: At completely filled in by the fu death.

Division of Vital Records, P.O. Box 68760

Month Year REBECCA REYNOLDS Mar 11, 1998 5:30 AM 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Risin Sun Manor ealthcare eci If Undar 1 Yaar Months Days vert If Undar 24 Hrs) Hours Min. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) Days Hours 1□ M 2⊠ F 181-03-474 Yrs PA Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inaida City Limits 1 ☐ Yas 2 1 No Oxtord -hester 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Conowingo 19363 ircle USA 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Marriad 1 ☐ Yas 2 M No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry lities College (1-4or 5+) Elementary/Secondery (0-12) secretar 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middia, Maidan Sumame) Sophia Elsworth Keynolds arter 19a. tnformant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 713 Conowingo Circle executrix 20b. Piace of Disposition (Nama of cematery, cramatory or other place) Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 3/14 198 Oxford 4 ☐ Donation 5 ☐ Othar (Specify) Oxtord emeter 21. Signature of Funarai Sarvice Licenses Edward Nama and Addrass of Excility ... tuneral Home. Pine Street 9363 86 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or reepiretory errest abock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediata Causa (Finai disaasa or condition rasulting in death) 3Doys LOYNS Sequentially list conditions, if any, laeding to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in death) Last Due to (or as a consequence of) 10YAS Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yas 2 9 No 1 ☐ Yas 2 ☐ No 25. Wes casa rafarrad to medical axeminar? 28. Piaca of Death (Check only ona) Hospital: 1 Yas 2N No Othar: Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Daath 28c. injury at Work? 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 1 ANaturai 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be datamined 281. Location (Street and Number or Rural Routa Number, City or Town, State) Place of injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida 29a. Cartifiar 1 🗷 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and dua to tha cause(s) and mennar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year)

Masonic Building, Darlington MD

complated cause of deeth (item 23a) (Type, Print)

State Registrar

Medical

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day **Physician** RIGGIN FLTON March 13, 1998 105C * /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SALLSBURY If Under 24 Hrs. Hours Min. Min. 10/08/1919 WICOMICO 9. Birthplace (State or Foreign Country) PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year 7. Age (In yrs. last birthday) **Funeral** 1 M 2□F Months Days 78 Mary land 214-12-5740 Director Usual Rasidanca of Deceden 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location 1 Nes 2 No Directo Maryland Somerset Princess Anne r than "natural", or liems 23s or 28s-f the Medical Examiner must be notifie 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 11974 Edgehill Terrace 21853 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: py Widowed 4 □ Divorcad White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) pernit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygene. important: if Item 27 is marked other than 14 any Injury or other traumentic event, the Med Elamantary/Secondary (0-12) College (1-4or 5+) Farmer Agriculture 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Arch Riggin Inda Long 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Ronald Riggin/Son Perryhawkin Church Road, Princess Anne, Md. 21853 20a. Method of Disposition 20b. Place of Disposition (Name of cemetary, crematory or other place) 20c. Location - City or Town, State Burial 2 Cramation 3 Removal from State Beechwood Cemetery 3/15/98 Princess Anne, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility HINMAN FUNERAL HOME Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 11673 SOMERSET AVENUE, PRINCESS ANNE, MD. 21853 **Physician** /Medical Immediate Cause (Final disease or condition rasulting in daath) Card care audi mi Examiner Due to (or as a consequence of). Examiner uc physician and the burial-transit Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) 88 950 Por Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the a 1 Yes 2 No 3 Probably 4 Unknown À 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 has 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate funeral director, 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 2 inpatient 10 1 Yas 2 No 2 ER/Outpatient 3 DOA this 27. Manner of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) After 1 Natural 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide

Division of Vital Records, P.O. Box 68760 Hospital or Attending Physician:

clton Riggin

Baltimore, Maryland 21215-0020

To the Hospital within 24 hours a To the Funeral D completely filled

State Registrar

edicai

29a. Certifiar

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

Health way

29c. License number

29d. Date signed (Month. Dav. Year)

1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and due to tha causa(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, data and placa, and dua to tha cause(s) and manner stated.

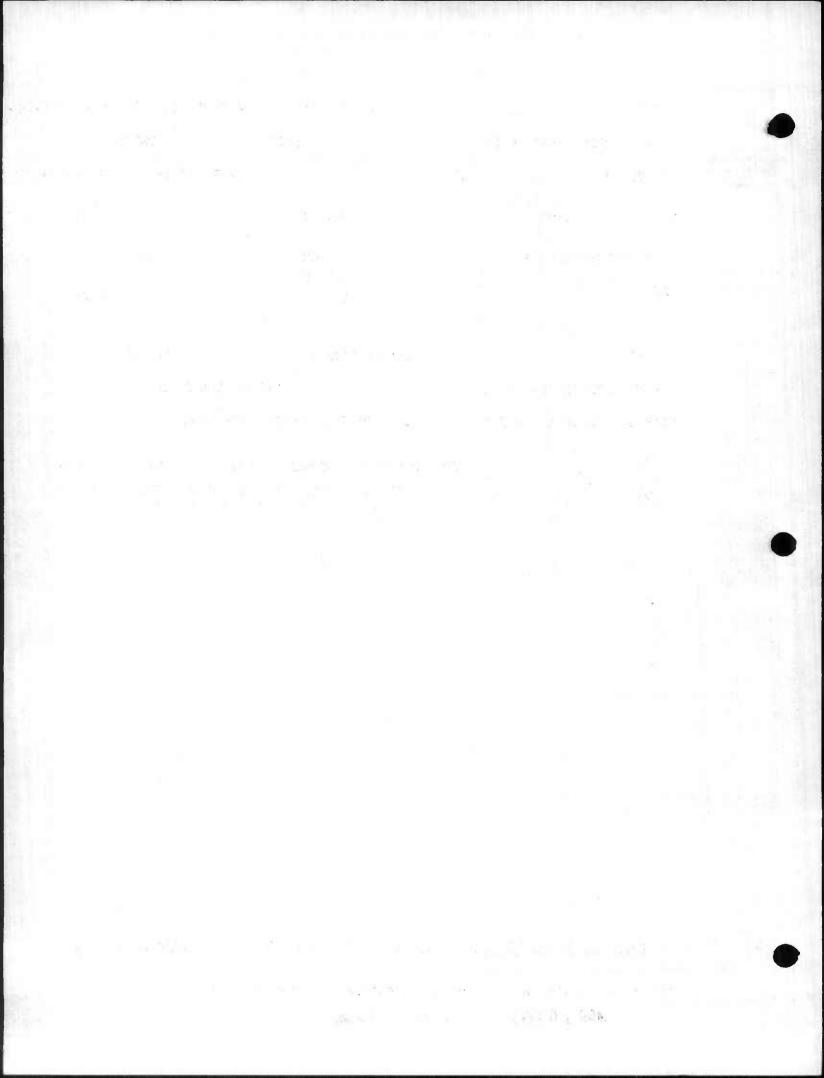
DAlisbury

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death **Physician** 1998 MARCH SLAUGHTER 11:07a.m MARGTE ELIZABETH /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, giva street and number) 4c. County of Deeth **Examiner** EASTON TALBOT WILLIAM HILL HEALTH CARE If Under 1 Year if Under 24 Hrs.

Months Days Hours Min. 8. Dete of Birth (Month, Day, Year) SEPT. 17,1912 Birthplace (Stata or Foreign Country)
 MARYLAND 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Days Houra 1□ M 2Q F 85 Yrs Director 219-36-7347 Usuei Residence of Deceden with the Manyland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Nem 27 is marked other than "natural", or froms 23s or 25s-f show other traumatic avant, the Madical Examiner must be notified at EASTON 1 Yes 2 No MD TALBOT Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mentel Hygiene. Important: if item 27 is marked other than 'natural', or items 23st any Injury or other traumatic avant, the Medical Experience 2008. USA 118 GOLDSBOROUGH ST. 21601 Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Kix ever Merried 2 Married 1 ☐ Yea 2 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yea 2 XXVo Specify: ð 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) 12 SCHOOL TEACHER EDUCATION 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surnama) LILLIAN ELIZABETH MEGINNEY HARRY THEODORE SLAUGHTER P 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MARY ANN WHITELEY/ NIECE P.O. BOX 795, EASTON, MD 21601 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20c. Location - City or Town, State ↑☐(Burial 2 ☐Cremation 3 ☐Removel from State 4 ☐Donation 5 ☐Other (Specify) JOSEPH'S CEMETERY 3 - 12CORDOVA, MD 21625 21. Signature of Funeral Service Lide 22. Neme end Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Enter the disease, or demplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediete Cause (Finai the lung. disease or condition resulting in death) Examiner Due to (or as a consequence of) sician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician as the burial-Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yss 2 No 3 | Probably 4 | Unknown we disorder als à Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate hes 1 Yea 2 No 1 ☐ Yea 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No P After this To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 27. Manner of Death 28c. injury at Work? 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yes 2 No 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Placa of fnjury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 10938 Robert W. Trever, M.D. 03-09-98 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ROBERT W. TREVER, M.D., 7696 OC 31. Date filed (Month, Day, Year) 32. Registrar's Signature 7696 OCEAN GATEWAY, EASTON, MD 21601 State Julie Davidson-Randall MAR 1 0 1998 Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Dorothy E. Sadowsky 1998 /321 March * /Medical 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street and number) 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year 5 Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Yeer) 9. Birthplace (State or Foreign Funeral 1□ M 20 F Months Deys Hours 219-12-6523 May 1, 1916 Maryland Director Usual Residence of Decedent with the Marylend 10d. Inside City Limits 10a State 10h Count 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Modical Examinar maint to notified at Cecil Perryville 1X Yes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Aiken Avenue, P.O. Box 206 21903 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No H Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxicen, Puerto Rican, etc.) 14 Race - American Indian Bleck, White, etc. 2 should be filed within 72 hours after nend Mentel Hygiene. Is merked other than "natural", or Ne 1 ☐ Never Married 2 ☐ Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 🗶 No Specify Specify: White þ 3 N Widowed 4 □ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Collega (1-4or 5+) Elamantary/Secondary (0-12) 12 Antique Dealer Antiques 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Cahall Eva Wyatt permit. Peges 1 end 2 sho. Department of Health and M. Important: if item 27 is mortany or other. 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. tnforment's Neme/Reletionship (Type, Print) Rev. Thomas C. Short 226 Oakwood Road, FAirfax, Wilmington, DE 20e. Method of Disposition 1 ☐ Buriel 2 A Cremetion 3 ☐ Removal from Stete 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20c. Location - City or Town, Stete MAr. 9, 1998 Hockessin Crematory Co. Hockessin, DE 5 Other (Specify) 4 Donetion 22. Name end Address of Facility Chandler Funeral Home, 2506 21. Signature of Funerel Service Licensee Concord Pike, Wilmington, DE 19803 Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, or heart feiture. List only one cause on each line. Interval Between Onset and Death **Physician** CARDIOPULMONALY ARREST Due to (or es a consaquence of): Due to (or es e consaquence of): Due to (or es e consaquence of): /Medical Immediete Causa (Finel disease or condition rasulting in daath) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaase or injury thet initieted events resulting in death) Last pue Box 68760. physician Physician/Medical the use as t 23b. Did tobacco use contribute to the cause of death? Pert It. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part, 1 Yee 2 No 3 Probably 4 Unknown 2 24b. Were eutopsy findings eveilebte prior to 24e. Wes an autopsy performed? Completed completion of ceuse of death? 1 Yes 2 No 1 Tas 2 No or Attending Physician: 25. Wes cese refarred to medical examinar? Be 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 2 ER/Outpatient 3 DOA Certification: 27. Menner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Natural 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be dataminad 3 Suicide 28a. Plece of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours a Hospitai 29a. Cartifier 1🗹 Certifying Physician: To the best of my knowledga, daath occurrad at the time, date end plece, end due to the cause(s) end menner es steted. edical 2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, daeth occurred et the time, data and piece, end due to the cause(s) end menner stated. (Check only one) To the To the To the F 29d. Date signed (Month, Day, Year) 290. Signature and title of certifie 29c. License number MO

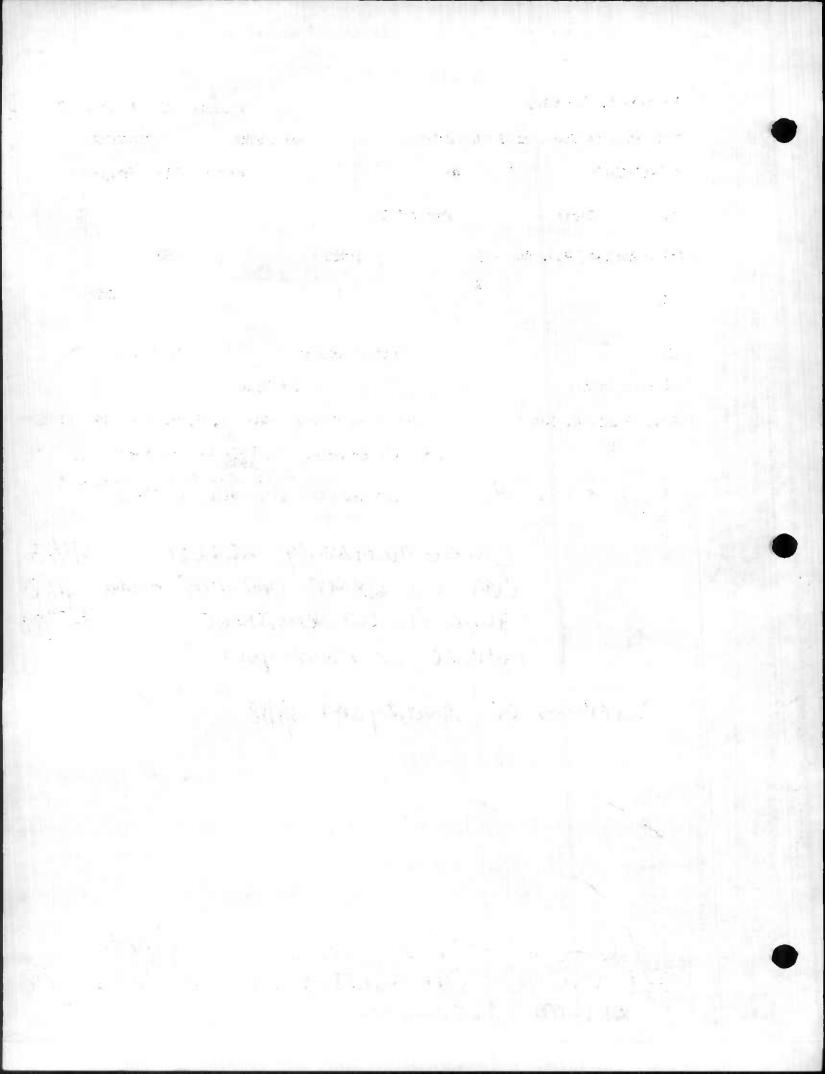
eled cause of deeth (Item 23e) (Types Print)

Jaha Davidson

State Registrar 30. Na

address of person

(Month, Day, Year) MAR 1 1 1998



3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,
	nours after death	filled in by the funer
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, hours share death with the State page.

Murtle B. Simpson

Simoson 6. AGE (In yrs. last birthday) 998 12:05 Pm MYRTLE B March 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 - M 2 F DAYS 237-16-4114 85 07/16/1912 North Carolina 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manokin Manor Nursing Home Princess Anne Somerset RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Somerset Princess Anne FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11974 Edgehill Terrace 21853 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No -14. RACE - American Indian, Black, White, alc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO В Specify. Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Burriss F Mattie Justis Davis BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles A. Simpson, 14033 Manor Ct., Princess Anne, Md. 21853 pe 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Beechwood Cemetery 3/14/98 Princess Anne examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home 21853 M00295 11673 Somerset Ave... Princess Anne MD medical 23/ PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line Interval Between MMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in deeth) event, traumatic CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part J. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Essential PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Notural 5 Pending 1 YES 2 NO В Investigation 2 Accident 3 Suicide 26a. PLACE OF INJURY — Al home, larm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 8 Could not be 4 Homicide 28 determined item 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL OI be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month Day Year) Bellers M 12-98 10 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21801 GREGORIO BELLOSO M.D. 5302 CHINABERRY DRIVE SALISBIL 31. DATE FILED (Month, Day, Year) MAR 1 3 1998 32. ABGISTRAR'S SIGNATURE

white the first state of the

E A PRESIDENT

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate of	Death		Reg. No. 9	8 6	19521
- Discounts		1. Decedent's Neme	e (First, Middle, La	st)					2. Dete of De		Vees	3. Time of Death
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STATE OF THE PARTY.		Ravenwo	ood Luthe	eran Vill	.age			Hagersto	own	Wash	ingt	on
Funeral		5. Social Security No			Age (In yrs. lest		If Under 1 Year Months Days			th V. Year	9. Birthp	elece (Stete or Foreign
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er death Items 2	Funerai	11. Maritel Status	THER DICT	12. Was Decade		13. Wa	as Decedent of	Hispanic Orlgin? (5	Specify Yes or No		e - Americ	an Indian,
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0 80 = 5			Cremetion 3	Removal from Sta		tery, creme	tory or other ple	eca)	Date	20c. Location -	City or 10	wn, Stete
Baltimore, emit. Pages 1 el Depertment of Hea mportant: if Item 3 ny Injury or other mans.			5 ☐ Other (Specify		ROSEI		CEMETER		-26-98	MARTINS	BURG	, WV
Baltim permit. Pa Depertmen Important: any Injury		21. Signeture of Fur	neral Service Lican	1500			Name end Addr	ess of Fecility NERAL HOM	E 327 W	KING	ST	
		Cha	rles 7	V 734	own	. PO	D BOX 8:	21, MARTI	NSBURG.	WV 254		
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		30. Name and address	So of person who o	completed cause of	f death (Item 23)	Type, Pri	int) (7)///	N MD	5/71	(1)		
		31. Dete filed (Month			strer's Signeture	riger	SIVUI	UIII	0117			
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DHMH 16 Rsv 6/95

Helen Elizabeth SHAULL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Data of Death **Physician** Month Yaa SHINE MARCH 1998 DUDLEY 11 2:55PM /Medicai 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner PORT REPUBLIC 4147 HANCE ROAD CALVERT If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Numbar 7. Aga (In yrs. last birthday) 6. Sax 8. Deta of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Days **№**М 2□ F Months Hours Yrs. Director SEP. 30,1932 MASSACHUSETTS 019-24-7140 65 with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23s or 28s-f ships Medical Examiner must be notified MARYLAND Director PORT REPUBLIC CALVERT 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U. S. A. death 4147 HANCE ROAD 20676 Completed by Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - Americen Indian, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after tyByes 2□No If Yas, Giva Yaar or Datas:1 53 — 1 Navar Married 2 Married 21215-0020 1 ☐ Yas 2 ☑No Specify: 3 Widowad 4 Divorced Specify: WHITE 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Il Hygiene. Elemantary/Secondary (0-12) Collage (1-4or 5+) FEDERAL ADMINISTRATOR DEPT. OF AGRICULTURE Baltimore, Maryland 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be of Health end Mantal trsumatic 2 DANIEL 0. ELLEN SHINE J. MAHER 19a. fnforment's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) 4218 ALCOTT STREET ALEXANDRIA, VIRGINIA JAMES A. SHINE/SON other 20b. Placa of Disposition (Nama of cematery, crematory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Bunal 2 ☐ Cramation 3 ☐ Removei from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 三百 permit. Page Department of Important: If any injury or once. Lee Crematory 12,1998 CLINTON, MARYLAND 21. Signatura of Funerel Sarvice Licensee 22. Nama and Addrass of Facility LEE FUNERAL HOME CALVERT, P.A. 8125 SOUTHERN MD BLVD, OWINGS, MARYLAND 23a. P. 111. Inter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, rock, or heart failure. List only one cause on each line. **Physician** /Medical Immadiata Ceusa (Final CANCER 5MALL CELL LUNG 2 WEEKS disaasa or condition rasulting in death) **Examiner** Dua to (or as a consequence of) Examine or Attending Physician: The law requires that the death certificate be axecuted ettending physician end for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disease or Injury that Initiated avants resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) signed by the et Part fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Nes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? cartificata 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Director: After this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. tnjury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida A 28a. Pleca of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) efter 4 Homicida To the Hospital within 24 hours e To the Funeral C Hospital 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner stated. Medical 29a. Certifian completaly (Check only 29b. Signatura and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) D40370 MARCH 12, 1998 30. Nama and address of parson who complated cause of death (Item 23e) (Type, Print) PETER L. WISNIEWSKI, M.D. 120 HOSPITAL ROAD SUITE 200 PRINCE FREDERICK, MD 20678 31. Deta filed (Month, Day, Year) 32. Registrar's Signature State 1900 > Julis Stavilson Rawall MAR 12 Registra

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

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Bray Series Services The state of the s

Lester Wannus

		_			Cer	tificate of	f Death		Reg. No.		17024		
Physicia		1. Decedent'a Name (First, Midd Lester	Ernest	Wang	110			2. Date of D Month Marc		998	3. Tima of Death 3:15P		
/Medic Examin		4a. Facility Name (If not institution		umber)				, or Location of Dec	ath 4c. County				
	_	5. Social Sacurity Number	6. Sex	7. Age (In yrs.		If Under 1 Yas	East		Tal		inno /Ctato or Fore		
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No to		10a. State 10b. County	у	10c. Cit	ty, Town or Lo	cation				1	0d. Inside City Lim		
a d	tor	Maryland Dorc	hester	Hu	rlock						1 Yas 2		
or 28	Director	10e. Street and Number			LOCK	10f. Zip Code			10g. Citizen of V	Og. Citizen of What Country?			
1 23a		317 Pine Str				2164			United	Sta	tes of A		
"natural", or items 23s or 28s-f show ledical Examiner must be notified at	Funerai	11. Marital Status 1 ☐ Never Married 2 ☐ Mar	Armed I	2 No				? (Specify Yes or Nuerto Rican, atc.)	Vo- 14. Rac Biac	e - Americ ck, Whita,	an Indian, etc.		
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o peo	To Be	Layfield Wan	*										
mar	-	19a, Informant's Name/Relation	U		19b. Mailin	g Address (Stree		Unknown or Rural Routa Num		State, Zip	Code)		
27 ls or tra		19a. informant's Name/Relationship (Type, Print) Brenda Wangus, Daughter 19b. Mailing Address (Street and Number or Rural Routa Number, 307 Pine Street, Hurlock, Ma									43		
the r		20a. Method of Disposition	• CD		Place of Dispos cemetery, cram	sition (Name of natory or other p	(aca)	Data	20c. Location -	City or To	wn, State		
Important: If Item 27 Is marked other than any injury or other traumatic event, I'm Managere.		Bunal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5	Specify)	n Stata Ma	rvland	Vetera	n Cem.	3/9/98	Hurlock	. Md.			
		21. Signature of Funeral Service	Licensee			Name and Add	ress of Facility	uneral H					
E & 0		> XOun 7	J. QM	nee)				Easton,		d 21	601		
		23a. Part 1. Enter the disease, of shirts or heart feilure. Lis	r complications that t only one cause on	caused the deat each line.	h. Do not ente	or the mode of dy	ying, such as car	rdiec or respiratory	errest,		Approximete Interval Between		
sician ledical		Immediate Cause (Final		1-	Λ.	1.11				i	Onset and Death		
aminer		disease or condition resulting In death) Due to (or as a consequence of):											
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ansit	Examiner	Sequentially list conditions. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or es a consequence of):									27.00		
ician end burial-transit	Ä	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Is	Lomi	- 1/	earl	Nun	-			10 12		
the bi	dical	that initiated events resulting in death) Lest	C	Due to (o	r as a consaqu	Janca of):	43011	, (,0,5		
- 6	40									-			
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the ched	Physician/M	Part ii. Other aignificant conditi	ons contributing to	death but not res	ulting in the un	derlying cause o	iven in Part I.	23b. Die	d tobacco use co	ntribute to	the cause of de		
	by Ph							1	Yes 2 No	3 Prot	bably 4 Kunkr		
been sign should by	pe p							24a. Wa	is an autopsy formed?	24b. We	ere autopsy finding		
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his o	-	Natural 5 ☐ Pendi		of injury nth, Day Year)	28b. Time of Injury	28c. Inj W		28d. Describe	how injury occurr	red			
After this funeral di				M 1 Yes 2 No					28f. Location (Street and Number or Rural Routa Nu				
After this funeral di		2 ☐ Accident Invest	not be 28a Plac	4 ☐ Homicide determined determined 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)							, , , , , , , , , , , , , , , , , , , ,		
After this funeral di		2 Accident Invest	nined 20th Plat	ing, etc. (Specin	29a. Certifier (Check only Medical Examiner: On the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and me Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, e								
After this funeral di	Certification:	2 Accident 3 Sulcida 4 Homicide Invest 6 Could determ 29a. Certifier Certifyii	nined 20a. Plat built	e best of my kno	wledge, death	occurred at the	time, date and p	iaca, and due to the	e cause(s) and me	nner es at	ated.		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Physicial /Medica Examine

Fune Direct

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If itam 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified an once.

Clarrisa Yest

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

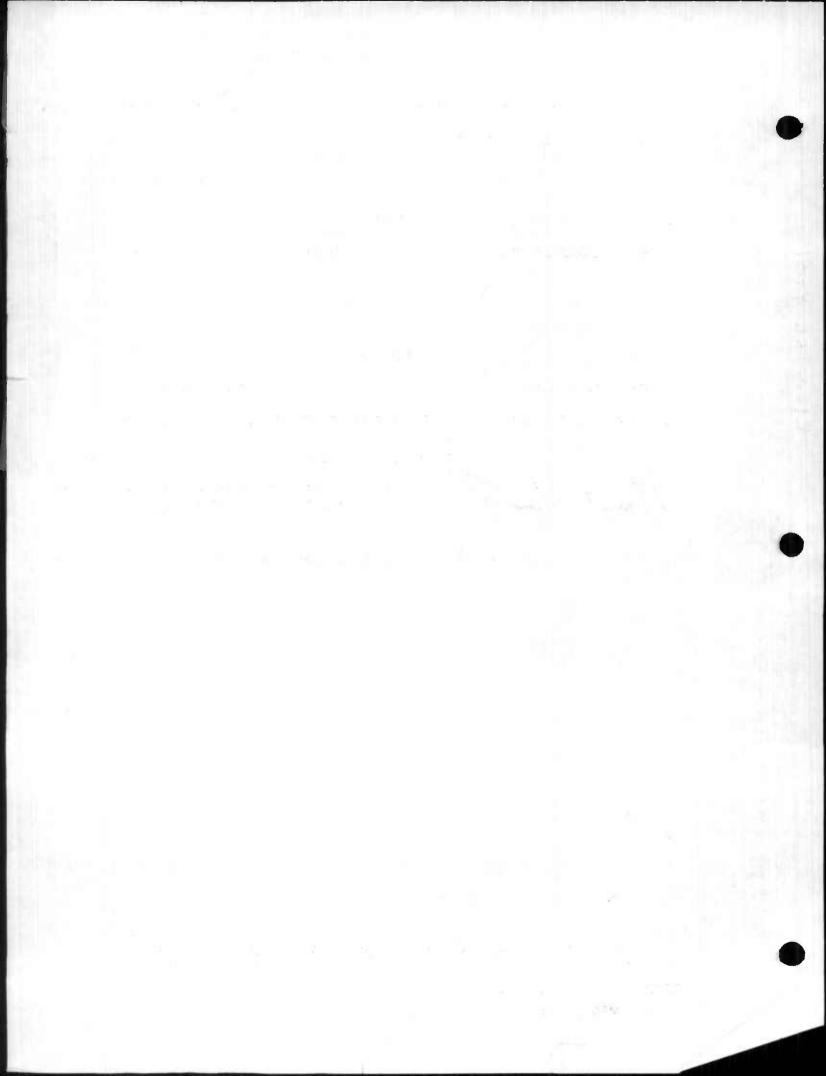
Division of Vital Records, P.O. Box 68760,

To the Hospital or Atlanding Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunial-transit

			State	or mary		epartmen Certificat			and IV		leg. No.	3 0	9525		
1. D	Decedent's Nam	e (First, Middle	, Last)							2. Dete of Dea	ith		3. Time of Deat		
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40. 6	Fecility Name (f not institution	give street end no	ım <i>ber)</i>			4		wn, or Lo	ocation of Death		of Deeth			
5. Se	Social Security N		6. Sex		n yrs. lest birth	day) If Under	1 Year	if Under					ece (State or For		
21	16-46-18	304	1□ M 21XF	95		rs. Months	Deys	Hours	Min.	8. Date of Birth (Month, Dey MAR • 24		Count	YLAND		
	. State	10b. County		10	c. City, Town	or Location						10	Od. Inside City Lin		
5	MD	Т	ALBOT		E.	ASTON							1 ☐ Yes 2√		
5 / 2	Street and Nur 27414 F		DGE ROAL	D		10f. Zip Code 2 1 6 0 1						10g. Citizen of Whet Country? USA			
g															
5 1	Maritai Status 1 □ Never Marri 3 ☒ Widowed		12. Wes Dec Armed F ed 1 Tyes If Yes, G Year or I	orces? 2 1 No ive 1 No	r in U,S.	13. Was Deced		ispenic Ori en, Mexican Specify:	gin? (Spe i, Puerto	ecify Yes or No- Rican, etc.)	Specif	ce - America ck, White, e	etc.		
		15. Decadent	's Education		16a. I	Decedent's Usua	al Occup	ation			16b. Kind of B	usiness/Ind	lustry		
El 17. F	(Specilementery/Seco		t grede completed			Give kind of wor life. DO NOT us	rk done d	during most	t of worki	ing					
5 "	1 7	11001y (U-12)	2	1-4or 5+)		HOMEMAKI	ER				OWN H	IOME			
17. F	Father's Name	First, Middle, L	Last)					18. Mothe	r's Name	(First, Middle,					
P N			SBOROUGH							OSSER F					
	a. Informant's Na			r D		Mailing Address					-		Code)		
-			/ DAUGHT			414 FERF		TDGE	KUAD						
	. Method of Disp 1X Burial 2		3 □Removel from	State	cemetery	Disposition (Nem	ther pled				20c. Location				
	4 Donetion			31010	SPRING	HILL CH	EMET	ERY	3	-18	EASTON,	MD 2	1601		
23a	a. Part1. Enter the shock, or hea	ne diseese, or or or failure. List o	omplications that only one cause on	each line.	4 4	200 S. ot enter the mode	HAR e of dyln	RISON g, such es	ST.	EASTO	N, MD 2	1601	Approximate Interval Between Onset end Death		
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Pert	II. Other signif	icent condition	ns contributing to o	eath but no	ot resulting in	the underlying ca	ause giv	en in Part I		23b. Did to	obacco use co	ntributa to	the cause of dea		
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25. Wes case referred to medical exeminer? 1 Yes 20 No Hospital:												er (Specify	1		
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27. M 1 27. M 1 29a. 29b.	Accident Accident Suicide Homicide Certifier (Check only one) Signature and	5 Pending investige 6 Could not determine 2 Medical E ixte of certifier FAYE R To Day, Year)	physician: To the image of the physician of the physician: To the image of the physician of	e of Injury - of I	At home, ferripecify) y knowledge, mination end/ litem 23a) (T	M In, street, fectory death occurred e or investigation, 29c. Wype, Print)	office the time in my op License	Yes 2 1	d plece, eth occurre	28f. Location (Si City or Town and due to the ced at the time, d	ause(s) end munitate and place,	per or Rure/ enner as sta end due to	Route Number, ated. the cause(s)		

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Day **Physician** March 23, LEE JOSE IHONY 1998 1:07 a.m. /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street end number) Examiner Sinai Hospital, 2401 W. Belvedere Ave. Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) If Under 1 Yeer 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Deys Months 381-30-1947 63 Yrs. South COROLINA Director Usual Residence of Decedent with the Maryland 10d. inside City Limits 10a. State 10b. County 10c. City, Town or Location 1 Yes 2 No BALTIMOVE Directo Md 10e. Street and Number 10g. Citizen of What Country? tem 27 is marked other than "natural", or items 23a or other traumatic event, the Modical Examinational must be 1 PLACE 45 A 7905 21208 FORd Funeral 2 should be filed within 72 hours after death and Mental Hygiene. 12. Was Decedent Ever in U.S. Armed Forces? 1 Yes, 2 PNo if Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: BLACK þ 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+) Elementary/Secondary (0-12) REGISTER SELF Employed NURSE 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) ARCHIE KOSA essE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n any Injury or other traur SON George ANThony 1001 GAY STREET BALto, Md. 21205 20b. Place of Disposition (Name of cemetery, cremetory or other placa) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 3/28/98 4 □ Donation 5 □ Other (Specify) BALTIMOTE, ma 22. Name and Address of Fecility 1639 N 13 Ro Ad Way BALto. Md. 2/2/3 21. Signeture of Funeral Service Licensee TEFF MILLER P.C. FUNERAL HOME + SERVICE shock or hear failure. List only one cause on each line. **Physician** /Medical Immediete Ceuse (Final Probable Pulmonary Embolism 1 Hr. disease or condition resulting in death) Examiner Due to (or as a consequence of): Unk. DVT? Examir Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequenca of): 3 Wks. Immobility / R Hemiparesis Box 68760 Physician/Medical that initiated events resulting in death) Last Due to (or as a consequenca of): 3 Wks. CVA (L) 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown HTN Py Py 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 86 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Nnpatient 2 ER/Outpatient 3 DOA 20 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: 1 Ta Natural 5 ☐ Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Direc b 24 hours Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie Medical (Check only one) To the P within 2 To the P 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of gertifier

March 26, 1998

State Registrar J. Michael Anderson, M.D., 2401 W. Belvedere Avenue, Baltimore, 21215

31. Date filed (Month, Day, Year)

ARR 27 1998

32. Registrar's Signature

Find Davidson—Rendere.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

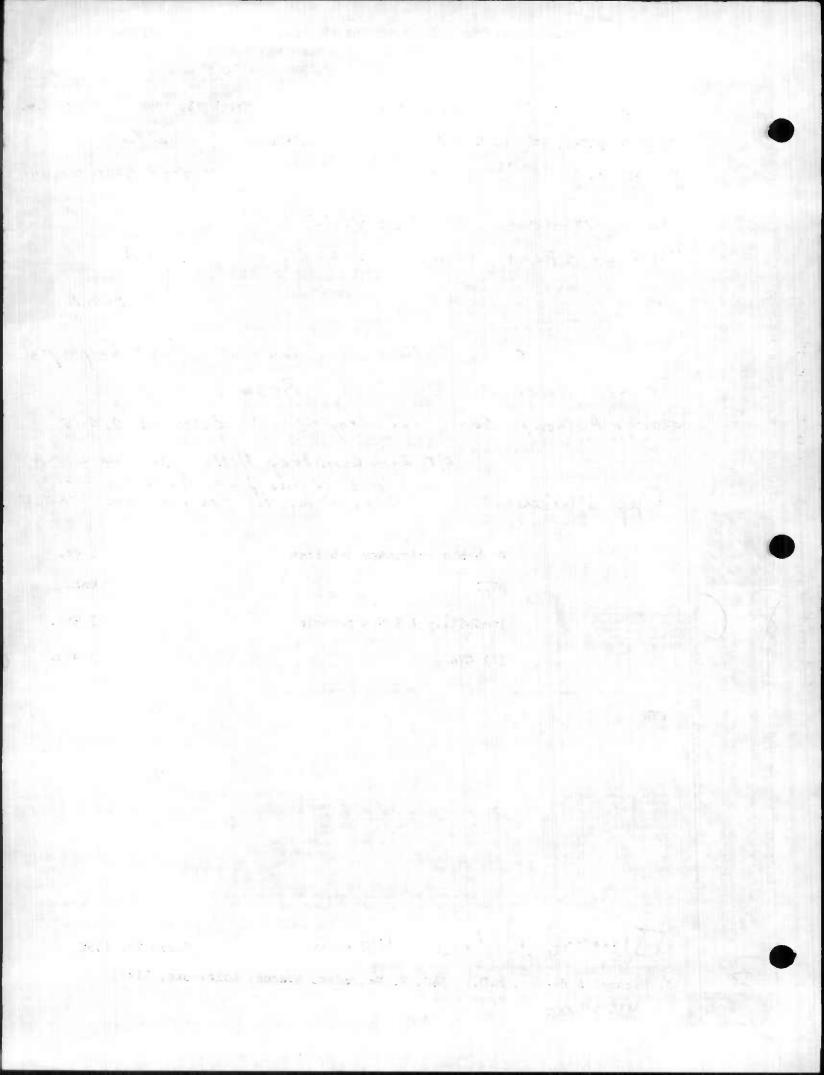
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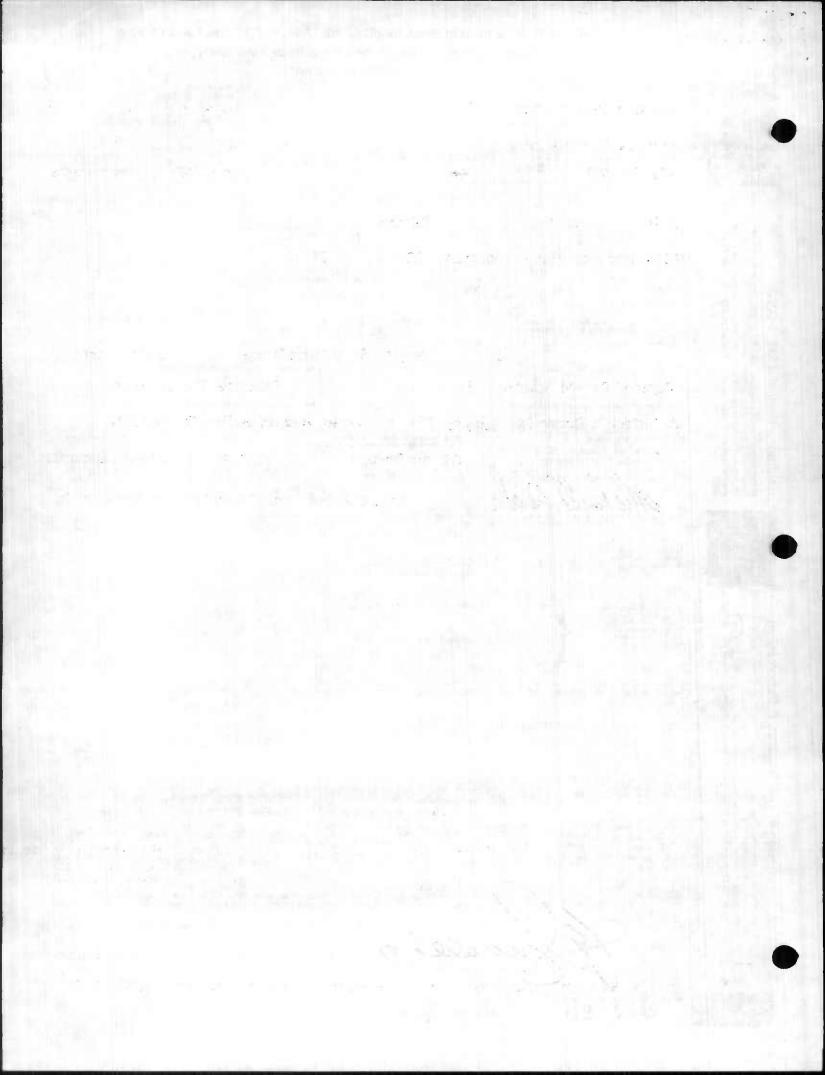
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Item:7 per Fl	State of Maryland / Department of Health and G-757 3/30/98 dh Certificate of Death		, No. 98	09527							
5.1.1.1	1. Decedant's Nama (First, Middla, Last)	2. Date of Deeth Month	Day Year	3. Tima of Deeth							
Physician Medical Examiner	Raymond Gerard Armstead, Jr. 4a Fecility Nama (If not institution, give street and number) 4b. City, Town, o	March r Location of Death	25. 1998 4c. County of Deet								
Examine	University Hospital - STU Balt	imore	n/	'a							
Funeral Director	5. Sociel Sacurity Number 6. Sex 7. Age (In yrs. last birthday) Under 1 Year Under 24 Hi Under 24 Hi Under 24 Hi Under 3 Hours Mil	s. 8. Data of Birth	9. Birt 70 Mass	hplece (Stete or Foreign auntry) achusetts							
	Usual Residence of Dacedant	pare 1, 15	70 11433	donascos							
yland M	10e. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits							
Mer I	Maryland Howard Columbia		1 🗆 Ye								
vith the Mer or 28a-f s be notified	10e. Street and Number 10f. Zip Coda	109	g. Citizan of Whet Co	untry?							
th wi	10615 Gramercy Place Apartment 226 21044		USA								
officer death virtues 23 mines must	11. Maritel Stetus 12. Was Dacedant Ever in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? If Yas, specify Cuben, Maxican, Pus	(Specify Yes or No-	14. Race - Ama Bleck, Whit								
laryland 21215-0020 2 should be filed within 72 hours after death with the Meryland and Mental Hygiene. Is marked other than "natural", or ferre 23s or 28s-f show aumatic event, the Medical Evantine must be notified at To Re Completed by Funeral Director	1 Navar Merried 2			Black							
2 ho	15. Decedant's Education 16a. Decedant's Usual Occupation	netine 16	6b. Kind of Business	Industry							
od within 72 ho ygjene. wr then "neturi it, the wedgell	(Specify only highast grede complated) (Giva kind of work done during most of work life. DO NOT use retired) Elementery/Secondery (0-12) Collega (1-4or 5+)	orking									
od wi	2 Maryland State Police Troo		Law Enforce	cement							
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Meni Meni To	Raymond Gerard Armstead, Sr. Fra	ancine Ela:	ine Hearns	5							
Maryland d 2 should be file th and Mental Hy ? Is marked othe traumatic event,	19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or I										
	Lt. Michael J. Fischer (Md. State Pol. 1201 Reisterstown, Road, Pi										
STOP	20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, crametory or othar place)		Oc. Location - City or								
Pa men ant: lury	4 □ Donation 5 □ Othar (Specify) Dak Dale Cemetery	3/31/98 M	iddleton, Ma	ssachusetts							
Baltimore, permit. Pages 1 er Deperment of Hee important: if Item; eny Injury or other	21. Signature of Foreral/Sarvica Licensee 22. Name and Addrass of Facility Leonard J. Ruck, Inc. 23a. Part 1. Enter the disease or complications that caused the death. Do not antar the mode of dying, such as cardinated shock, or heart failure. List only one cause on each line.			Approximate							
Physician /Medical Examiner	Immediata Causa (Final disaasa or condition resulting in death) e. Multiple injuries Due to (or as a consequence of):			Interval Between Onsat and Daath							
ng physian be seed as a major of the burnant and the burnant a	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of):	361									
at the death certified by the attending stached for use	Pert II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I.	23b. Did tob	acco uee contribute	to the cause of death?							
E XB		1 □ Yes	8 2 ¼ No 3 □ P	robably 4 Unknown							
ew requires se been size b		24a. Was an perform		Wara autopsy findings available prior to completion of cause of death?							
The I		1 ♥ Yes	s 2□ No	1 No 2□ No							
olclan: The certificate irector, pag	axaminar/	leath (Check only ona)								
- 8 sig	HOSDITAL:	Home 5□ Residen	nce 8 Othar (Spe	cify)							
After th funeral	27. Mennar of Death 1 Natural 5 Pending 28e. Deta of Injury (Month, Dey Year) 28b. Tima of Injury Work?	28d. Describe how State tr	w Injury occurred	olved in a							
DIVISION of the control of the contr	2 Accidant invastigation March 25,98 12:36P M 15XYes 2 No	collisio	n with an	other vehic							
l or Attend efter death Director: / d in by the f	3 ☐ Suicide 6 ☐ Could not be datamined 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify)	28f. Location (Stre City or Town,	eat and Number or R State) Greenb	elt, MD							
To the Hospital or A within 24 hours effer To the Funeral Direct Completely filled in D Medical Certi	29a. Cartiflar (Check only 2 Medicat Examiner: On the best of my knowledge, death occurred at the time, data and ple	ce, end due to the cau	usa(s) and mannar a								
To the To the comple											
	* Thursel of OCME	M	larch 26,	1998							
7	30. Nama and address of person who combated cause of death (Item 23a) (Type, Print) John E. Smialek, M.D. Chief Medical Examiner 111 Pe		alto.,MD	21201							
State	31. Deta filed (Month, Day, Year) MAR 2 7 1998 32. Registrar's Signatura										

DHMH 16 Rev 6/95



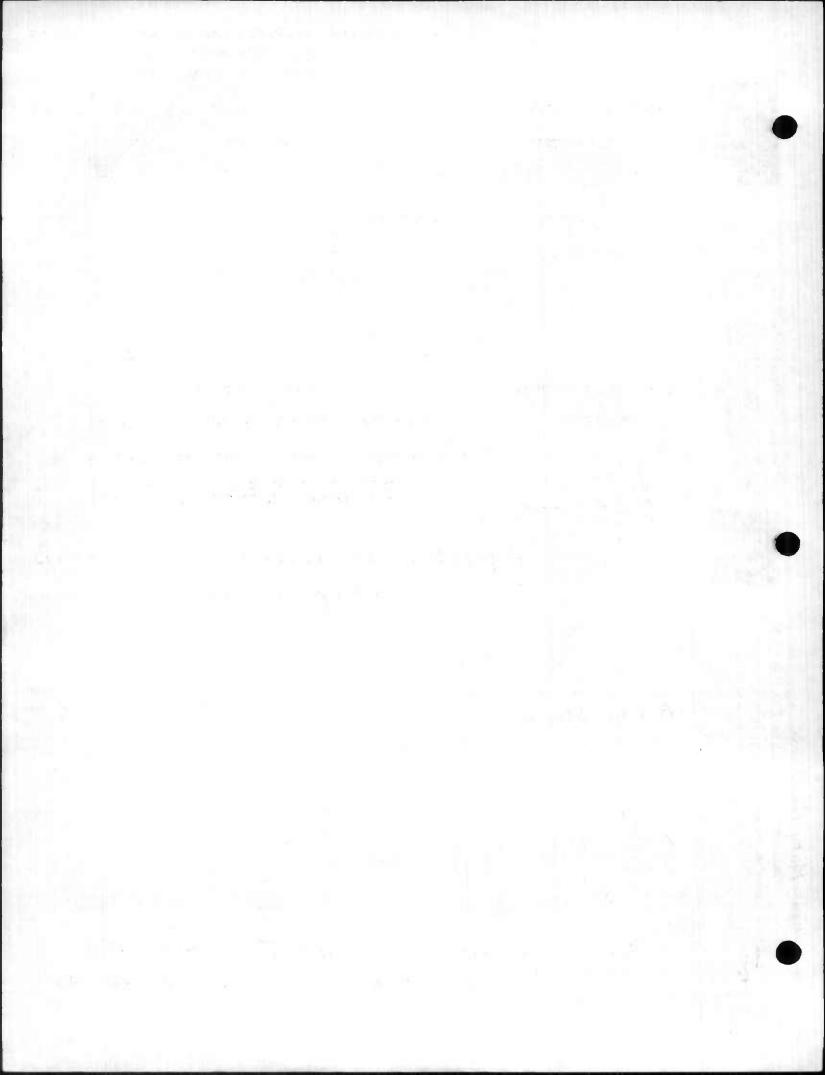
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Date of Daath Day **Physician** Month Year Mar MARY KATHRYN BOOSE 23 /Medicai 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Months Days Hours Min. | 0.1/22/1898 Birthplace (Stata or Foreign Country)
 MD 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funerai** 1□M 20 F 217-07-3536 100 Yrs Director Usual Rasidance of Decedant the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yas 2 ☐ No Director BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zlp Coda 10g. Citizen of What Country? 711 ACADEMY ROAD 21228 U.S.A. Funeral 12. Was Dacedant Evar In U,S. Armed Forces? Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Raca - American Indien, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiane. Important: If fem 27 is merked other than "naturel", or feer any Injury or other traumatic event 1 ☐ Yas 2 ②No If Yes, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Specify: WHITE Baltimore, Maryland 21215-0020 1 ☐ Yas 2 →No Specify: þ 30 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantery/Secondery (0-12) Collaga (1-4or 5+) HOMEMAKER OWN HOME 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) JOHN THOMAS SPRINKLE LUCINDA SMITH SYKES 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) AL ZUMBRUN/SON 438 MAPLE FOREST ROAD CATONSVILLE, MD 21228 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata TRINITY CHURCH CEMETERY 3/26/98 MANCHESTER, MD 5 Othar (Specify) aL8ervice Licensee 22. Nama and Addrass of Fecility
STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 or tha disease, or complications that ceused tha daath. Do not antar the moda of dying, such as cerdiac or respiretory arrest, learn failura. List only one cause on aech lina. **Physiclan** /Medical Immediata Ceuse (Finel Aspiration Pneumonia 2 days disaase or condition rasulting in daeth) Examiner oronary Artery Disease
Dua to (or as a consaquance of): Saquantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Ceusa (Disaasa or Injury that Initieted evants resulting in death) Last and of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown Aortic Stenosis 1 Yes 2 No 3 Probably 24b. Wara autopsy findings eveilable prior to Be Completed Cerebrovascular Accident 24e. Was an autopsy performed? complation of causa of daath? 25. Wes cesa rafarred to medical exeminar? 26. Pleca of Death (Check only one) 1 Yas 2 No 27. Mannar of Deeth Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatiant 3 DOA Certification: To 28a. Data of Injury (Month, Day Yaer) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Netural 2 ☐ Accidant 5 Panding Invastigation daath. 1 Yas 2 No To the Hospital or Attend within 24 hours after death To the Funeral Director: 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Straet and Number or Rurel Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 T Homicide 1 Certifying Physician: To the bast of my knowledge, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, end dua to tha cause(s) and mannar stated. Medical (Check only one) 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) Duhl Crave, M.)

30. Name end addrass of parson who complated ceuse of daath (Itam 23a) (Type, Print) P11705 March 23, 1998 St Agnes Hospital 900 Caton Avenue Baltimore Mb /32 Registrer's Signetura State Registrar

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Tima of Death Month **Physician** March 24, 1998 ESTHER SMITH BENNETT 1:10 P.M. /Medical 4b. City. Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not institution, give street and number) Examiner Baltimore County Broadmead Retirement Community Cockeysville If Under 1 Year If Undar 24 Hrs. 5. Social Security Number Birthpleca (Stata or Foraign Country) 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Deys 1□M 2ਊF Months Hours Yrs. 82 Director 285-01-4433 March 10, 1916 Viginia Usual Residence of Decadent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Magnal Esaminar mass he noticed as 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☑ No Maryland Baltimore County Cockevsville Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13801 York Road 21030 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian. 11. Marital Status Black, White, atc. 1 ☐ Nevar Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ White 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Primary Education 5+ Elementary Teacher 18. Mothar's Neme (First, Middle, Maiden Surneme) 17. Father's Name (First, Middle, Last) Be William Thomas Smith Bertha Esther Pancoast 19b. Mailing Address (Streat end Number or Rural Route Number, City or Town, Steta, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 2622 Matthews Drive, Baltimore, Maryland 21234
Date 20c. Location City or Town, State Frederick C. Bennett (Son) 20b. Place of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition 1 ☐ Buriel 2 XCremation 3 ☐ Removel from State 3/25/98 Baltimore, Maryland 4 □ Donetion 5 □ Other (Specify) Green Mount Crematory
22. Name end Address of Facility 21. Signature of Funeral Service Licensee Martin D. ruson Mitchell-Wiedefeld Home, Inc. Lawson 6500 York Road, Baltimore, Maryland 2121 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter shock, or heart tailure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disaase or condition rasulting in deeth) Examiner Examiner physician and the burial-transit requires that the death certificate be executed Sequantially list conditions, if any, leeding to immadiate ceuse. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical thet initieted events rasulting in death) Last Due to (or es e consequence of): 88 950 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown signed t þ 24b. Wera eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has b director, page 2 s director. 25. Wes cese referred to medical exeminer? 26. Plece of Death (Check only one) Be 1 Yes 2 No Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) funerel 28c. Injury et Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: After 5 Pending investigation or Attending 1 | Naturel r deeth. 1 □ Yes 2 □ No Accident ofter deeth Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 6 4 ☐ Homicide Hospital 24 hours Medical completely (Check only 2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the P

d cause of death (Hern 23a) (Type, Print)

Angisper's Signature
Way Davidson-Randelle

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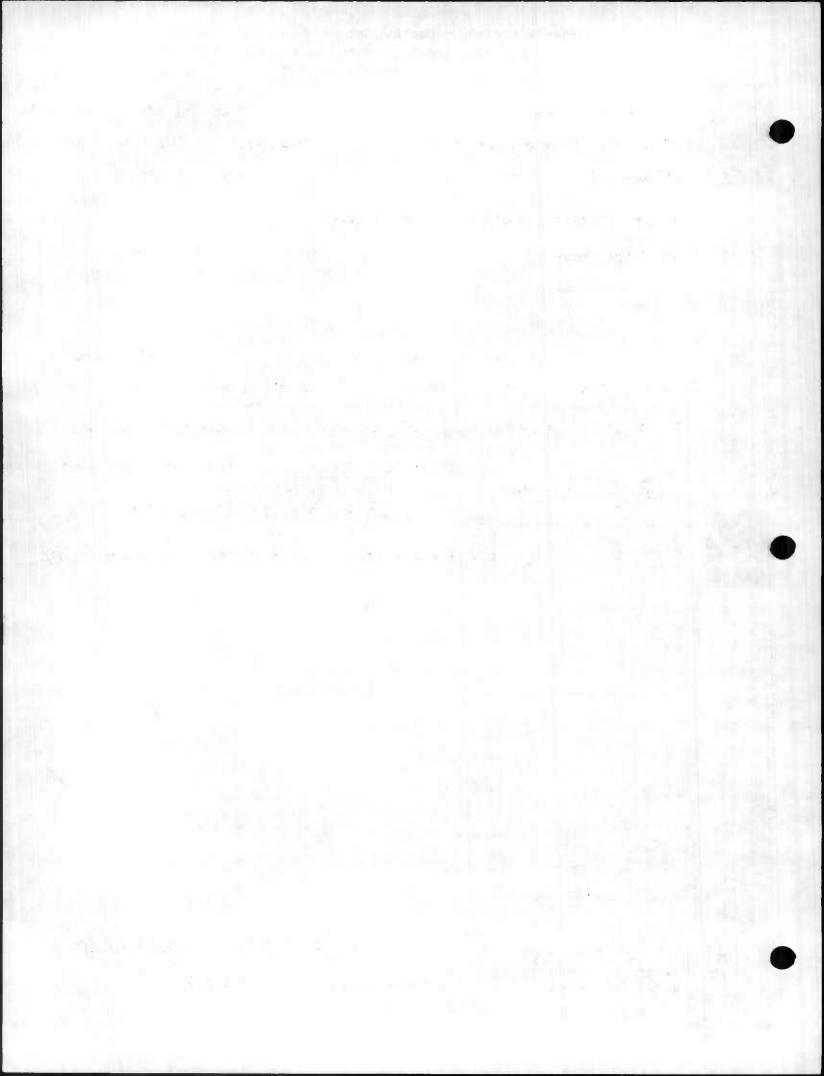
29d. Data signed (Month, Dey, Year)

State Registrar

10

RH

29b. Signature and title of pertifier



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death **Physician** Month WILLIAM LEONARD March 8.30 PM BAER 1998 24 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GLEN BURNIE AN

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Yaer) NORTH ARUNDEL HOSPITAL ANNE ARUNDEL 5. Social Security Numbar If Undar 1 Year 7. Age (In yrs. last birthday) 6. Sex Birthplaca (State or Foraign Country) **Funeral** 1□ M 2□ F Months Days 317-12-4952 74 Yrs. Director MARCH 4, 1924 THREE RIVERS, MI Usual Residence of Decedent to or 28a-f show 10a. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 309 PHELPS AVENUE 21060 U.S.A. ms 23a 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarlcan Indien, Black, White, etc. 11. Marital Status . 1 and 2 should be filed within 72 hours effer d Health and Mental Hygiene. em 27 is marked other than "natural", or flem pither traumatic event, I'm Modical Experien 1 Never Married 2 Merried WHITE 1 ☐ Yes 2 ☐ No Specify: Be Completed by 3 ☐ Widowed 4 ☑ Divorcad 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CONTRACTING OFFICER - NSA NSA 12 N/A 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) WILLIAM M. BAER NINA GRAYCE MISHLER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) or other train MARILYN ANDERSON-SISTER 54574 WESTLAKE DR. ELKHART, IN. 46514 Baltimore. 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State Department important: I any injury o 3/30/98 4 ☐ Donation 5 ☐ Other (Specify) GREENLAWN MEMORIAL PARK FT. WAYNE, INDIANA 21. Signature of Funeral Serue 22. Name and Address of FacilitySINGLETON FUNERAL HOME, P.A. GLEN BURNIE, MARYLAND 21061 1 SECOND AVE., S.W. 23a. Part1. Enter the d shock, or heart fel , or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, List only one ceuse on each line. Approximate Intervel Between Onset and Death **Physician** /Medicai Aspiration Immadiata Ceuse (Final Pmlumonia disease or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last 6876 Due to (or as e consequence of): The law requires that the death certificate Records. P.O. Box Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Heart failure ρ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? Diabetes Mellitus 1 ☐ Yes 2 No of Vital or Attanding Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Hospital: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Certification: To in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After t Division 1 Naturel 5 Pending investigation efter death. 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours of To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and mennar stated. edical 29a. Certifier 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) Elassal, M.D D 51400 March, 24, 1998

State Registrar

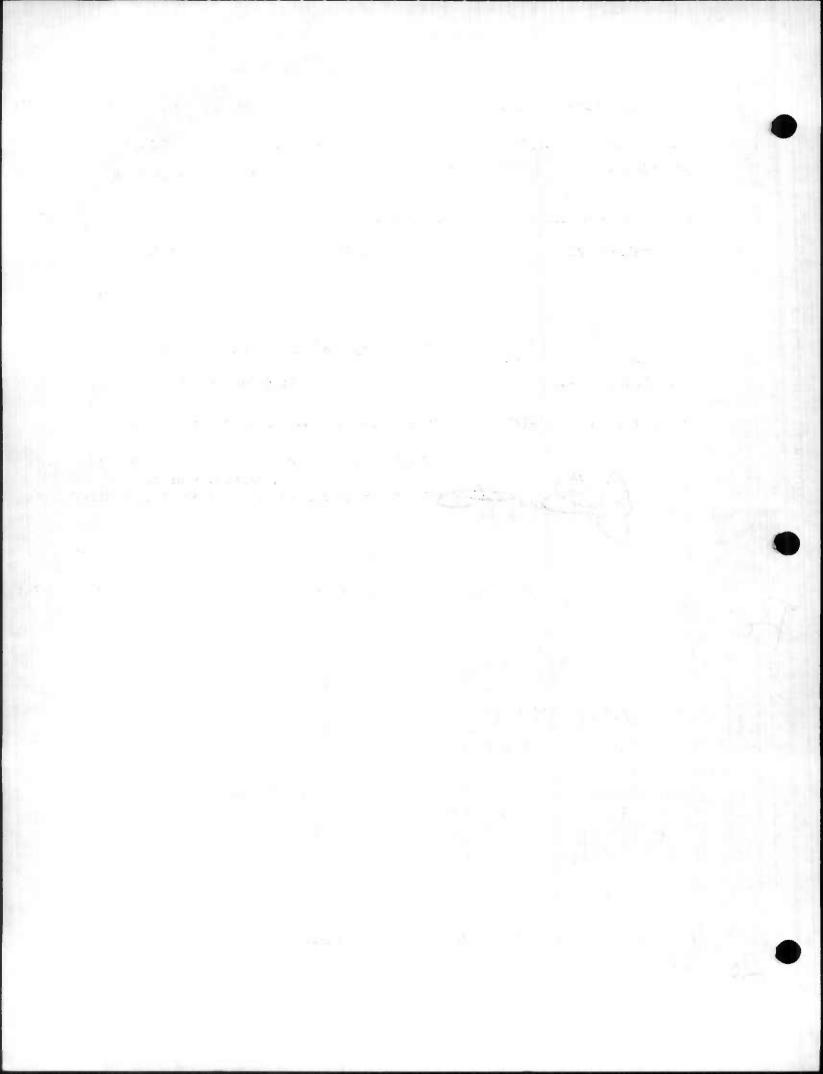
MAR 27 1998

31. Date filed (Month, Day, Year)

32. Registrar's Signeture Fulid Davidson-Randall

Sherif Elassal North Arundel Hospital 301 Hospital Drive Glen Burnie, MD 21061

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 26 Per PHY Film G757 3-27-98 ria Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Dey Yaar **Physician** G. BYRNE MARCH 21, 1998 22:58 /Medical 4b. City, Town, or Location of Daath 4e Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner Howard County General Hospital Columbia Howard County If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 ☐ M 2 🖾 F Months Deys FEB 11,1914 MARYLAND Director 214-44-4470 Usuel Residance of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland neat of Health and Mentel Hygiena. Instit of Health 27 le marked other than "natural", or Itama 23a or 28a-4 ahow unty or other trannalle avent, The Registal Experiment want be notified at my or other tranmatic event, The Registal Experiment want be notified at 10a. Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No N/A BALTIMORE Directo 10e. Street end Number 10f. Zip Coda 10g, Citizen of Whel Country? 4013 WILKENS AVENUE 21229 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No if Yes, Give Yeer or Deles: 14. Race - American Indian, Was Decadent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Maritel Stetus Bleck, White, etc. 1 Nevar Married 2 Married 1 Yes 2X No Specify: þ 3 Widowed 4 □ Divorcad WHITE Completed 15. Decedant's Education (Specify only highest grade complated) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) RETIRED OWN HOME 12TH GRADE 18 Mother's Name (First Middle Maidan Sumeme) 17. Fathar's Nema (First, Middla, Last) Be MARY H. JONES RICHARD ALEXANDER CLARKE 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Pnint) 4013 WILKENS AVENUE - BALTIMORE, MD 21229 EDWARD D. BYRNE (SON) 20b. Pleca of Disposition (Neme of cematary, crametory or other plece) Dete 20c. Location - City or Town, Stete 20a. Method of Disposition 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Depertment of Important: If any Injury or 4 ☐ Donetion 5 ☐ Othar (Specify) 3/25/98 NEW CATHEDERAL CEMETERY BALTIMORE 21. Signature of Furnital Service Licensee 22. Name end Address of Facility 4107 Wilkens Avenue HUBBARD Funeral Home, Inc. Baltimore, MD ann 21229 23a Print. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, or haart failure. List only one cause on aach lina. Approximete Interval Between Onset and Deeth **Physician** yourseles Lufard Immediate Cause (Final disease or condition resulting in death) /Medical Examiner years-Examiner physician and s the burial-transit requires that the death certificate be executed Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disaase or injury that initiated evants resulting in death) Lest Heer Physician/Medicai Due to (or es e consequence of): attending p signed by the a 23b. Did tobacco usa contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wera autopsy findings evalleble prior to Completed 24a. Wes en eutopsy performed? completion of cause s certificete has b director, pege 2 s of deeth? 1 ☐ Yes 2 KNo 1 ☐ Yes 2 ☐ No funeral director, 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Be 1 Yes 2 No Other: Nursing Home 5 Rasidance 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Certification: To 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 & Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 HomicIde

Division of Vital Records, P.O. Box 68760 Hospital or Attanding Physician: 24 hours efter deeth. Funeral Diractor: After this certifice in by To the Hospital of within 24 hours el To the Funeral Completely filled

Baltimore, Maryland 21215-0020

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a, Certifier

29b. Signeture end litle of cartifier

Alejandro

29d. Date signed (Month, Dey, Yeer) 29c. Licensa number

Myander Mugu

30. Name end address of person who complated causa of death (item 23a) (Type, Print)

Mejia,

405 Frederick Road Suite 100, Baltimore, MD

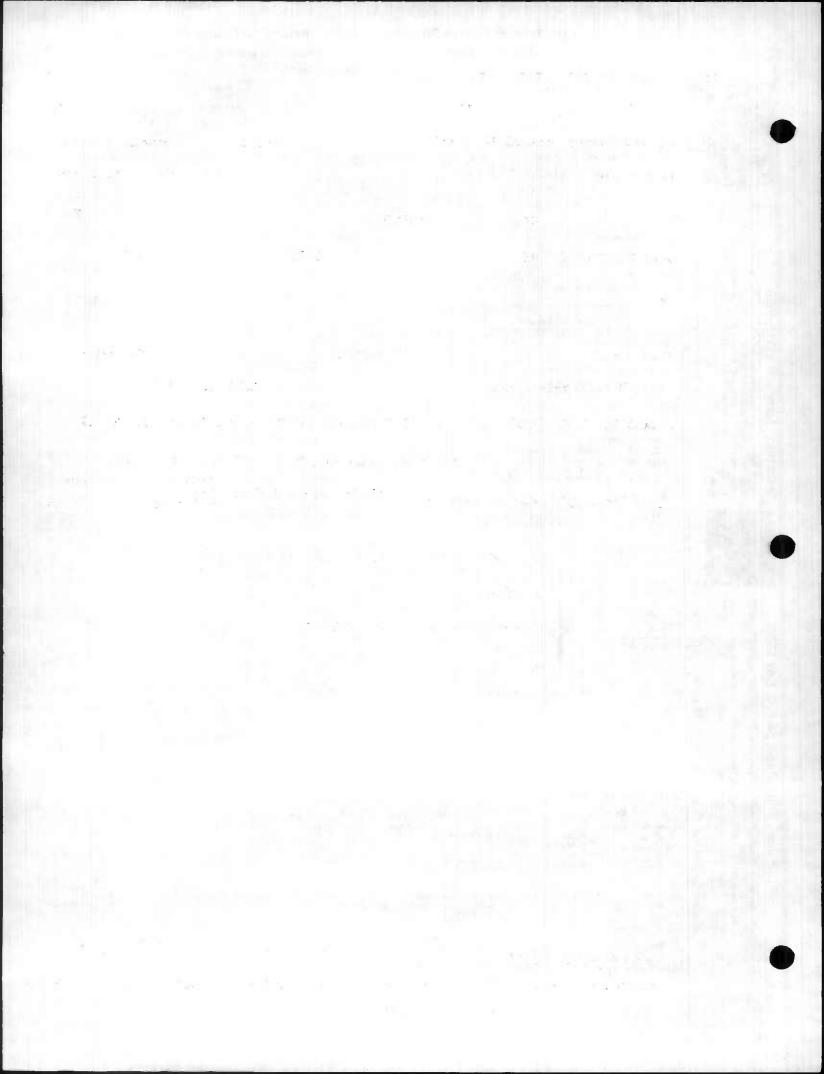
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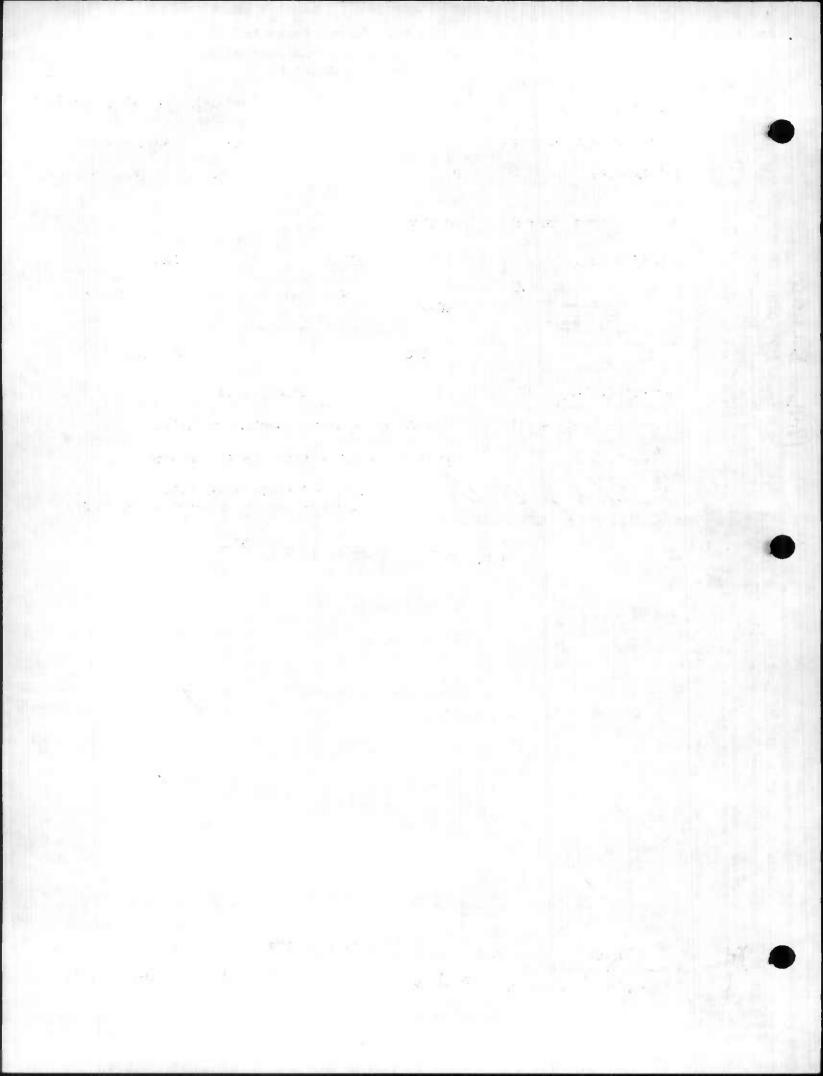


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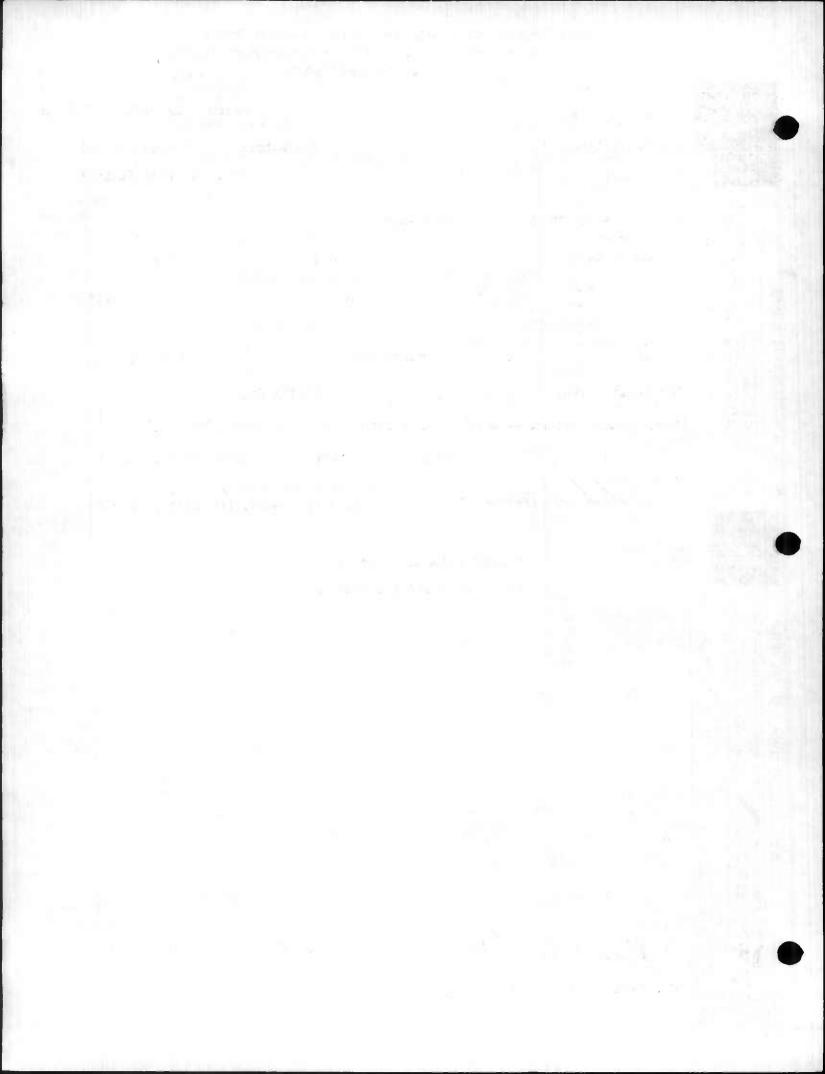
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/Medical	Pa	ul All	len Bra	agg								Manu	1 23	144		311"
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r items 23.	11. M	larital Status	DIIVE		Was Decede	ent Ever in U	J,S.	13. Was Dec	edeni of H	nt of Hispanic Origin? (Specify Yes or No-				14. Reca - American Indien,		
		☐ Never Men	ried 2 Me	rried	Armed Force	os≀ □ No			II Yes, specify Cuban, Mexican, Puerto Rican, etc.			Hican, etc.)	Black, White, etc. Specify: White			
- M 6		□ Widowed	4 Divorce	d	Il Yes, Give Year or Date	es: 1940	-66	1 ∐ Yes	1 ☐ Yes 2 No Specify:				Sp	ecify: WI	iite	
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					nd / Depa <i>Cer</i>			Death			g. No.	8 09	9533
Physic /Medi Exami	cal	Darlene Ann Ball Secility Name (First, Middle, Darlene Ann Ball Secility Name (If not institution,		per)			4	b. City, Town,	Mai		Day	Yeer 998	7:40 pm
Funeral Director		351-38-0493	Sex 1□M X F	Age (In yrs.	lest birthdey) Yrs.	if Und Months	er 1 Year Days	Edgewat If Under 24 H	lin. (M	te of Birth bonth, Dey, 7 • 29	Year)	Arunde 9. Birthplace Country) Illino	e (Stete or Foreign
how		Usual Residence of Decedent 10e. State 10b. County		10c. CI	ty, Town or Loc	ation						Inside City Limits	
8 a-f s	ector	MD Anne Ar	undel	Ed	gewater	1					1 🗆 Yes 🔊		
with the	Dir	10e. Street and Number 202 Cedar Lane				10f. Z	ip Code	_		10	10g. Citizen of What Country?		
s 1 and 2 should be filed within 72 hours efter death with the Meryland f Health and Mental Hygiene. Item 27 Is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Evanther must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceding Armed Force 1 Tyes If Yes, Give Year or Date	es? XNo			2103 edent of H ecify Cube	ispanic Origin? in, Mexican, Pu Specify:	(Specify Youerto Rican,	es or No- etc.)	Blee	ce - Americen ck, White, etc. y: White	
filed within 72 hor Hygiene. ther than "nature ent, the Medical E	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grade completed) College (1-4	or 5+)	life. D	aind of w O NOT	rork done d use retired	during most of t	working	1		usiness/Indus	try
should be filed withind Mental Hygiene. I marked other than umatic event, the M	To Be Co	12 17. Fether's Name (First, Middle, La Guy Irwin Muckey			Homen	ake:		18. Mother's N			Own Ho		
2 sho	ľ	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Si					ss (Street	end Number or	Rural Rout	e Number,		Stete, Zip Co	de)
		Carroll William Ball 20a. Method of Disposition XI Burlal 2 Cremetion 3 4 Donation 5 Other (Spe	☐Removal from St	20b.	202 C Place of Dispos cemetery, crem 11crest	ition (N	eme of other plea	e, Edge **) Y	Date 03/2	2		City or Town,	State
permit. Page Depertment of Important: If sny Injury or once.		21. Signature of Eugeral Service Lie	1 /1	22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD 21 as that ceused the death. Do not enter the mode of dylng, such as cerdiac or respiretory arrest, use on each line.									
death certificate be executed as ettending physician and addresses the bunial-transit as	n/Medical Examiner	diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last		Due to (monary or as e consequ Uterir or as a consequ or es e consequ	ience of): arcon	ia.					
	Physician/M	Part II. Other significant conditions	contributing to deat	h but not res	sulting In the un	derlying	ceuse giv	en in Part I.	2				e cause of death
aw requires t ss been signe 2 should be	Completed by F								24	a. Was ar perform	red?	avalla	autopsy findings ble prior to etion of ceuse th?
certificate he rector, page		25. Was cese referred to medical						26. Place of I	Dooth (Cho	1 🗆 Ye		1 🗆 Yı	es 2 No
5 00	To Be	examiner? 1 Yes 2 No	Hospitel: 1 Inp	atient 2	ER/Outpatient	3□ [Oth	0.00				ner (Specify)	
Ing Affer fune	Certification:	27. Manner of Death 1 \(\begin{align*} \begin{align*} \lambda \text{Netural} & 5 \text{Pending} \\ 2 \text{Accident} & investigat \\ 3 \text{Suicide} & 6 \text{Could not} \end{align*}	njury Dey Year)	28b. Time of Injury	ime of North Work? M 1 Yes 2 No				w injury occur	jury occurred			
To the Hospital or Attend within 24 hours efter death To the Funeral Director; completely filled in by the										e to the ca	Stete) use(s) end ma	anner as state	d.
To the H within 24 To the Fu complete	Medical	(Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pla and manner stated.											
N. A.E.	-	29b. Signature end title of certifier	m T	1.		2		29d. Date signed (Month, Dey, Year) 3761182 March 23, 1998					
Da		30. Neme and address of person wh	o completed cause	of deeth (Iter	m 23a) (Type, P	Print)	ל זינו	01107		IM	arch 2	3, 199	Ø
Sta Registr		Dr. Paul MacKou 31. Dete filed (Month, Day, Year)	32 Reg	rving	Street		, Was	shingto	n DC	20010			

DHMH 16 Rev 6/95



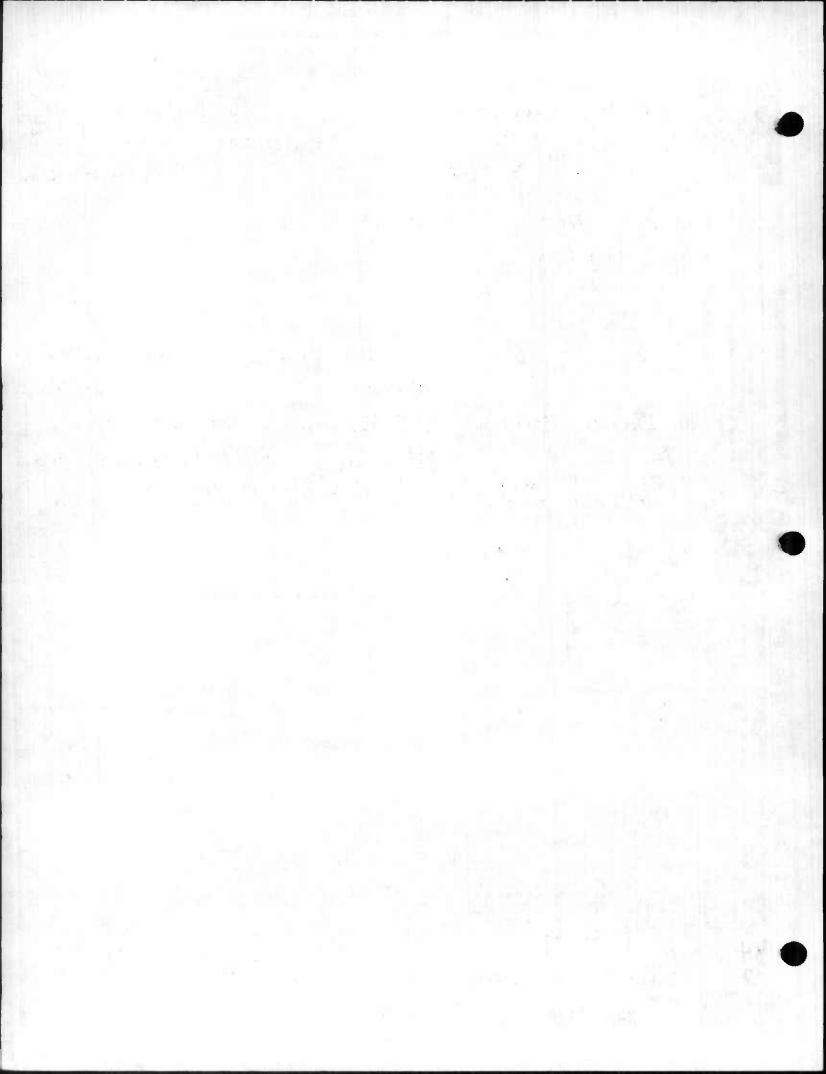
Freda Cuffie

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Certificate of Death	Reg	. No.	09004
	Dharia	ł	1. Decedent's Name (First, Middle, Last)		2. Date of Death	Day Year	3. Time of Death
	Physic /Medi		Freda Cufcie		March	Day 5 1999	8 2 3 AM
	Exami		4a. Facility Nama (If not institution, give street and numbar)	4b. City, Town, or Lo	ocation of Death	4c. County of Dies	th ₂
\mathbb{L}			1463 Walton Ct.	Baltir	nore	NI)	4
	Funeral		5. Social Security Number 6. Sax 7. Age (In yrs. last b	Months Days Hours Min	8. Date of Birth (Month, Day, Y	9 Bir	thplace (State or Foreign ountry)
	Director		Usual Residence of Decedent	Yrs.	Aug. 1,	1935 G	eorgia
	end **			wn or Location			10d. Insida City Limits
	Vary 1 sh	0	Maryland N/A By	altimara			15 Yes 2 No
	the 1289	Director	10e. Street and Number	10f. Zip Code	100	. Citizen of What Co	ountry?
	3a or		463 Walton Ot	21201		115	A
	ours ofter death with the Manylen sal, or Herns 23a or 28a-1 show Examiner invest be notified at	Funeral	11. Marital Status 12. Was Decedent Ever in U,S.	13. Was Decedent of Hispanic Origin? (Sp If Yas, specify Cuban, Mexican, Puerto	ecify Yas or No-	14. Race - Ama	
0	or its		Armed Forces? 1 □ Navar Married 2 ☑ Married 1 □ Yes 2 ☑ No	./	Rican, etc.)	Black, Whit	te, etc.
002		l by	3 ☐ Widowed 4 ☐ Divorced If Yes, Giva' Year or Dates:	1 ☐ Yes 2 🕅 No Specify:		Specify:	earo
21215-0020	be filed within 72 hours Ital Hygiene. of other than "natural", evant, the Medical Exa	Completed	15. Decedent's Education 16((Specify only highest grade completed)	a. Decedent's Usual Occupation (Giva kind of work done during most of work	ina 16	b. Kind of Business	/Industry
121		Idu	Elementery/Secondery (0-12) College (1-4or 5+)	life, DO NOT use retired)		Aug 1	11-1010
	filed with Hygiene. Ither than		17. Fathar's Name (First, Middle, Last)	Homemaker	- (Fine) Adiabile Ade	OWN I	Home
an	Mantal Harked of	Be	1 / V	1Known	e (First, Middle, Ma	oen sumama,	unban
Maryland	d 2 should be filed within the end Mental Hygiene. 7 Is marked other than traumatic event, Inc. M.	70	19a. Informant's Name/Relationship (Type, Print) (Husband) 19	Db. Meiling Address (Street and Number or Run	al Boute Number (ity or Town State	Zin Code)
Ma	d 2 street		Mc David Cuffie 4	63 Walton Ct	Balt	· Md	71201
re,	ーエミヤ		1 comet	of Disposition (Name of	Date 20	c. Location - City or	Town, Stata
altimore,	Pages nent of mr. If ite		1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify)	ery, crematory or other place)	134981	anedo	una Mt
alti	Separtin Separtin mporta iny inju		21. Signature of Funeral Service/Ocensee	22. Name and Address of Facility		. /	WHE I HOW
m	Sept and		Varable & Kund	Joseph L. Russ	typera	Home	1 -1-11
	-		23a. Part 1. Enter the diseasa, or complications that caused the death. Do shock, or heart follow. List only one cause on each line.	o not enter the mode of dying, such as cardiac	or respiratory arrest	zalto. MC	Approximate
9	Physician		shork, or heart failure. List only one cause on each line.				Intervel Between Onsat and Death
И	/Medical	Н	fmmediate Causa (Final disease or condition	heart failure			
	Examiner		resulting in deeth) a. Due to (or as e	heart failure e consequence or): we Cardio Varulo			
-	D Æ	iner	- Huberling	we andinvan la	die		
	and trens	Examiner	Sequentially list conditions,	consequence of):	Colle		
60,	oe axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury				
68760,	ertificate be axecuted Jing physician end se as the bunal-trensit	edical		consequence of):			
×	ding	₹.	d				
Bo	death certifica e attending ph ed for use as ti	Physician					1
0	y the	ys	Part II. Other significant conditions contributing to death but not resulting	in the underlying cause given in Part I.			to the cause of death?
S, P		by Pt	Guonie Elevat failuse		1 ☐ Yes	2 No 3 P	Probably 4回Unknown
rds	requiras seen sign		Dialutes		24a. Was an a		Were autopsy findings
00		lete			performe		available prior to completion of cause of death?
Be	The law ate has b page 2 s	Completed			1 ☐ Yes	1	1 Yes 2 No
ta	cartificate rector, pag	Be C	25. Was case referred to medical	26 Place of Deet	h (Check only one)	2 00 140	7 Tes 2 10 No
<u> </u>		To B	examiner? 1 DYes 2 No Hospital: 1 Inpatient 2 ER/O	Other	me 5 Residence	e 8 Other (Spe	ncify)
0			27. Manner of Death 28a. Date of Injury 28b.	Time of 28c. Injury at	28d. Describe how		,,,,
jo	Attending Ph ir daeth. ector: Attar th by the funeral	atlo	1 Maturel 5 Pending (Month, Day Yaar) 2 Accident Investigation	Injury Work? M 1 Yes 2 No			
Division of Vital Record	r Atte	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, f building, etc. (Specify)	farm, street, factory, office	28f. Location (Street City or Town, S	et and Number or R	ural Route Number,
۵	tal or safts after all Direction	Cer					
	To the Hospital or Attend within 24 hours after deet To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only 2 ☐ Madical Examiner: On the best of my knowledg 2 ☐ Madical Examiner: On the bests of examination at	e, deeth occurred at the time, dete end plece,	end due to the caus	e(s) and manner as	s steted.
	the hin 2, the phin 3, the phi		and mannar stated.				
	No.	M	29b. Signature and titla of continue	29c. Licensa number 1753		Date signed (Mont	th, Day, Year) 6 — 98
	MH		1				
	2		30. Name and address of person who completed cause of death (IJem 23a)	(Type. Print) W. MOISALT A	Loyal A	re Bal	to 21217
	0				1		
	Sta Registr		31. Date filed (Month, Day, Year) MAR 2.7 1998 Whia Davidson	- Aandell			

DHMH 16 Rav 6/95



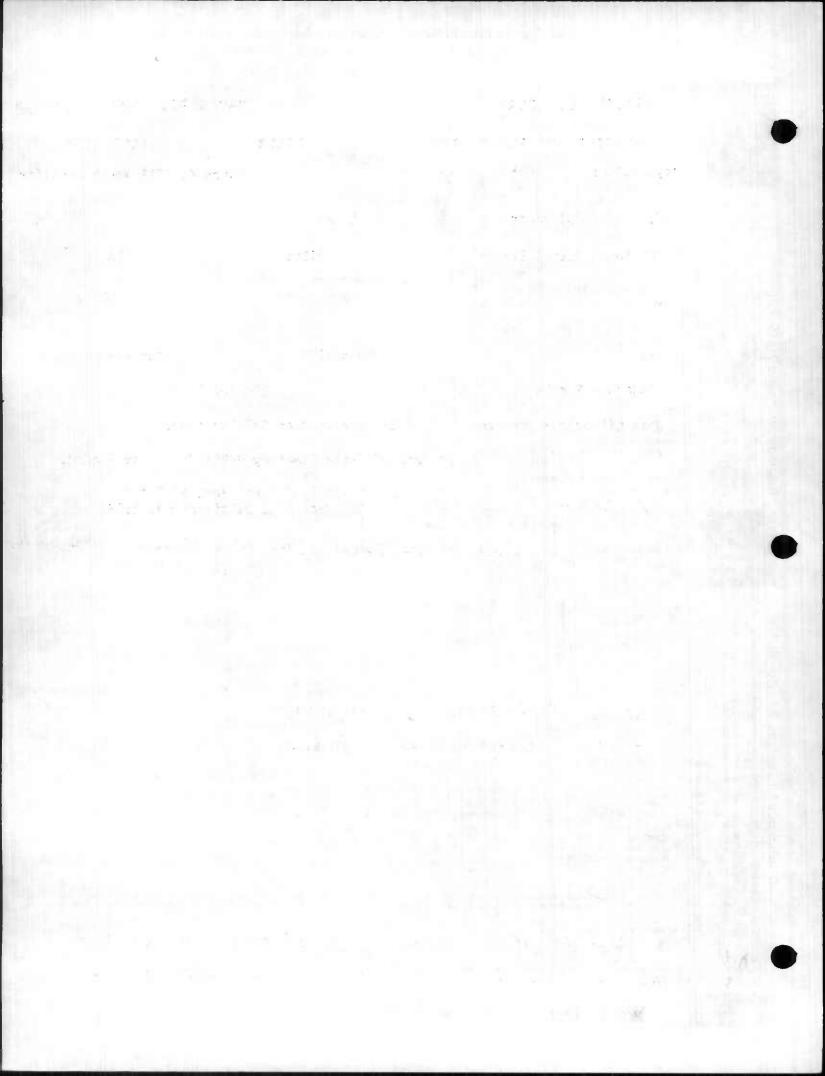
Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) MARCH 23, 1998 **Physician** MATTIF L. CLARK 11:05pm /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Neme (If not institution, give street end number) Examiner ESSEX If Under 24 Hrs. RIVERSIDE NURSING CENTER BALTIMORE If Under 1 Year 8. Dete of Birth (Month, Dev. Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Min 1□ M 2√ F Months Deys Hours Yrs 241-07-2981 March 4, 1912 North Carolina **Director** Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ? is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Examiner traust be notified at 1 ☐ Yes 2 ☐ No Md. Baltimore Director Essex 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 303 South Stuart Street 21221 USA Pages 1 and 2 should be filed within 72 hours after death neat of Haatih and Mental Hygiene.

Att. If flam 27 is marked other than "naturel", or itema 23 may or other traumatic event, the Medical Exercise many or other traumatic event, the Medical Exercise man Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Marital Status Bleck. White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 NWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Housewife 8th own home 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Anderson Sparks HArriet Stuart 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Jean Litrenta / daughter 4904 Morello Road Baltimore Md. 21214 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If any injury or Gardens of Faith Cemetery 3/26/98 Rossville Md. 22. Name end Address of Facility 21 Signature of Funeral Service Licensee Connelly Funeral Home of Essex scallons that caused the death. Counct enter the mode of bying, such as cardiac or respiratory arrest, Md. 21221 23e. Pert . Enter the disease, or co-shock, or heert feilure. List **Physician** Chronic Odestructive Pulmanony Many mortes /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence ot): Examiner physician end the burial-transit certificata be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence ot) Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ed by the datached Malnutinhan , Dehydorian, 1 Yee 2 No 3 Probably 4 Unknown à Sign P 24b. Were autopsy tindings available prior to completion of cause of deeth? Severe Oskoporasis Completed 24e. Wes en eutopsy performed? certificate has b 1 Yes 2 No 1 Type 2 Dig or Attending Physician: director. 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 this 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: After 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident ofter deatl 6 Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 24 hours efter Funeral Direct Matery filled in b 4 ☐ Homicide 🗲 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner as stated. 29a. Certifier Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medicat Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end manner stated. 29d. Dete signed (Month, Day, Year) 29c. License number D-38 754 29b. Signeture end title of certifier paseo - . M.D Dut 30. Name end address of person who completed cause ot deeth (Item 23e) (Type, Print) MD-21231 100. N. BROADWAY. MALIKA WASBEM. 31. Dete filed (Month, Dey, Year) 32 Registrar's Signature Andale MAR 27 1998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** 425 pm ALFRED MARIO CERUTTI march 21 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Union Memorial Hospital Baltimore N/A If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day Y
March 19, If Under 1 Year 5. Social Security Number 7. Age (In vrs. lest birthdev) 9. Birthplace (Stete or Foreign **Funeral** Year) 922 10X M 2□ F Days West Virginia 76 Yrs. Director 232-20-7415 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiena. Important: If tem 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other treumatic event, it a Madesa Exertine man be notified as 1 Yes 2 No Director Maryland Harkord Belcamp 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1402 Golden Rod Court 21017 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Dates: 11. Maritel Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕅 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12th Grade College (1-4or 5+) Tool and Die Maker Machine Shop uears 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Amilcare Cerutti Jennie Burton 0 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elahna R. Zayas (Granddaughter) 907 McHenry Street, Baltimore, MD. 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Jarrettsville Cem. 3/25/98 Jarrettsville. MD. 21. Signeture of Funerel Servica Licansee 22. Neme end Address of Facility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 210 21014 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final massive Hemorrhage disease or condition resulting in death) Examiner Coaquiopathu Consumptive 6 hours attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Esophaa Box 68760. weeks Physiclan/Medical Due to (or as e consequenca of): 4 hours infarction A cute al Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown 1 CIEncu þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Was en eutopsy performed? peen has 1 Yes 2 No 1 ☐ Yes 2 ☐ No

this certificata Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funerel Director: After this certifics

Completed Be P Certification: in by the

25. Was case referred to medical examiner?

29b. Signature end title of cartifier

31. Dete filed (Month, Day, Year) MAR 27

5 Pending Investigation

6 Could not be determined

1 Yes 2 No

27. Manper of Death

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

1 Matural

OH

Registrar

Medical

1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 12 Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) end manner as stated.

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end placa, end due to the ceuse(s) end menner stated.

26. Piece of Death (Check only one)

29c. License number

28c. Injury at Work?

29d. Date signed (Month, Dey, Year)

WL AT 2438946 - MII 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

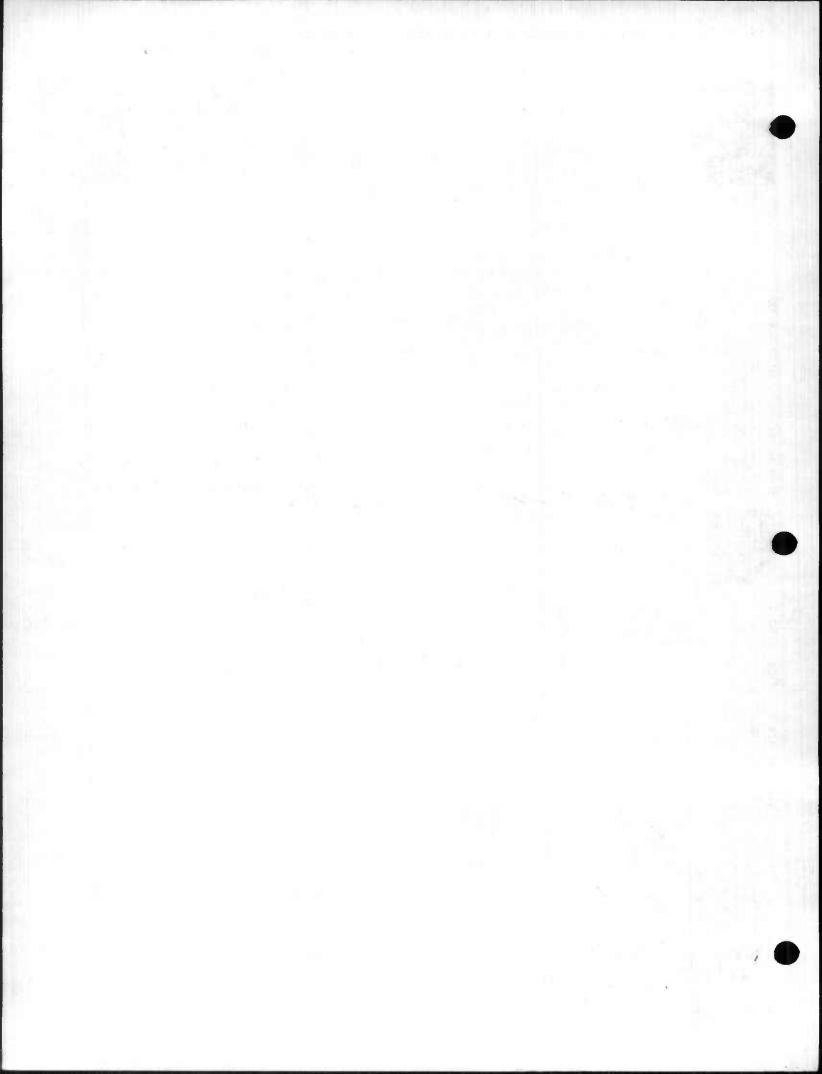
1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28a. Date of Injury (Month, Dey Year)

Memorial Hospital

32 Hogsprice Signature Dandson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death March John Anthony Csar 2115 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Harford Memorial Hospital Havre de Grace Harford H Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Dey, Year)
April 22, 1913 6. Sax 1 X M 2 ☐ F 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign 195-07-2922 84 Yrs. Maryland Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore 1 ☐ Yes 2 No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1935 Elmhurst Ave. 21237 U.S.A. 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No if Yas, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Spacify Yas or No-If Yes, spacify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Naver Married 2 ☐ Marriad 1 ☐ Yes 2 X No Specify: Specify: White 3 X Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th grade Salesman Milk 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) John Csar Maru Braden 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Paul A. Csar 7935 Elmhurst Ave., Baltimore, MD 20b. Piaca of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlai 2 □ Cremation 3 □ Removal from State New Cathedral Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 3/27/98 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Home, Inc. Buin a Willem 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final diseasa or condition resulting In death) Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 26. Piace of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ⊠Inpatiant 2 □ ER/Outpatient 3 □ DOA 28b. Time of 28d. Describe how injury occurred

Examiner pue ettending physician e for use as the bunel-To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

Physician

/Medical

Examiner

Funeral

Director

28a-f ahow

"natural", or items 23a

d 2 should be filed within 7 th end Mental Hygiene.
7 is marked other than "r

permit. Pages 1 and 2 Department of Health 6 Important: If Item 27 is any injury or other trat

Physician /Medical

Director

Funerai

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Completed

Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 25. Was case referred to medical examiner? Be 1 Yes 2 No 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation 1. Naturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dafe signed (Month, Day, Year)

21078

State Registrar 319 S. Union Ave., Havre de Grace, MD

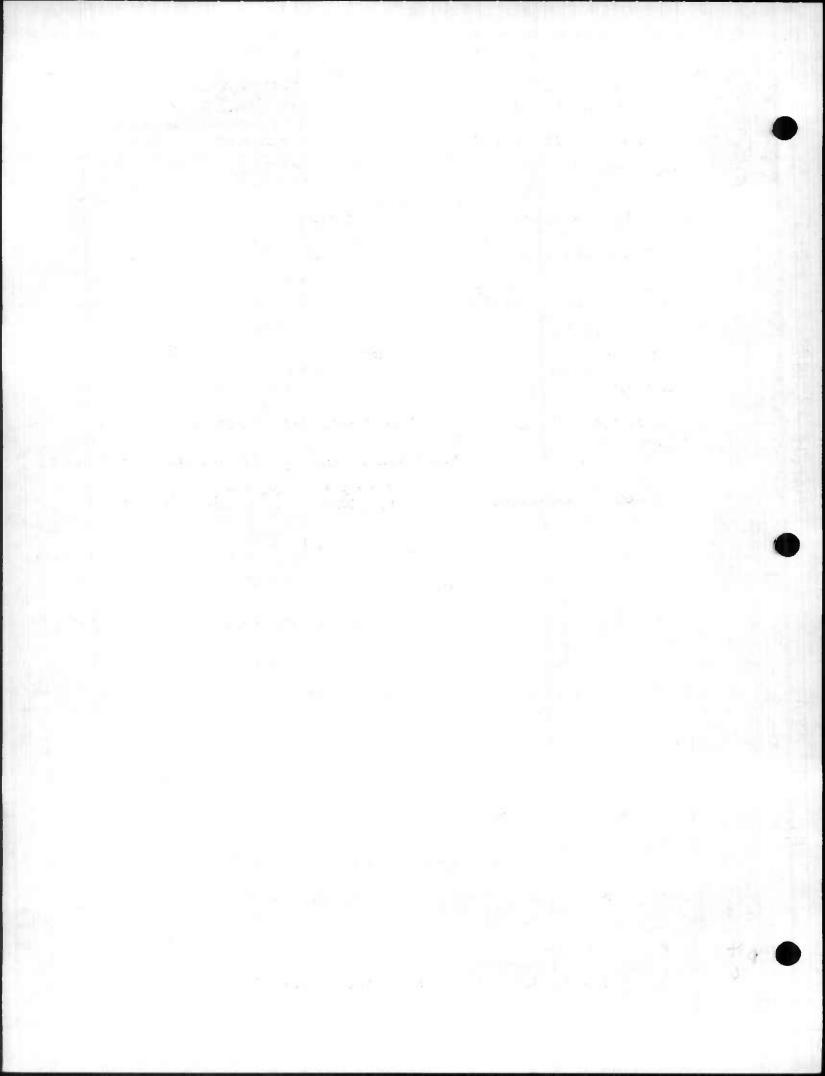
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Dr. Fahed Kouli,

31. Date filed (Month, Day, Year)

DHMH 16 Rav 6/95

4



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 15, 16a-b per Informant G-757 3/27/98 dh

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year **Physician** ONNIC 1998 MARCH 2:00 pm /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth County of Deeth **Examiner** Security Nu 7. Age (In yrs. last birthday) If Under 1 Year Months Days **Funeral** Days 30-5791 10 M 2□ F Director Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits treumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2XXNo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ö "naturel", or items 23a Funeral death 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indien Bleck, White, etc permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel; or ite any injury or other treumatic event, the Medical Examine and 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes a No Specify: by 3 Widowed 4 Divorced Yeer or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Rare Antiquities 4 Collector 12 17. Fether's Name (First, Middle, Last) Mother's Neme (First, Middle, Maiden Sumeme) Informerit's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number of Rural Route Numb City or Town, Stete, Zip Code) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) ennis Ford Koad Manassas VA 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 Burial 2 ☐ Cremation 3 17Re novel from State 4 ☐ Donetion 5 ☐ Other (Specify) eminole 22. Name and Address of Fecility reminole Jp. FIQ. 21. Signeture of Funeral Service Licensee Beyers Funeral Hom
Do not enter the made of dying, such as cerdiac or respiratory errest, 23a. Pert1. Enter the diseese, or complications that caused the shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical immediete Ceuse (Finei SEPSIS disease or condition resulting In death) **Examiner** Due to (or es e consequence of): Physician/Medical Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury Due to (or es a consequence of): Box 68760. thet initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. as been signed by the 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? certificate has paga 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Wes cese referred to medical exeminer? Certification: To Be 26. Plece of Deeth (Check only one) Hospital: 1 X inpatient 2 ☐ EP/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this funeral 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation To the Hospital or must within 24 hours after death.

To the Funerel Director: After must be fulled in by the fur 1 Naturei 1 🗌 Yes 2 🗌 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the ceuse(s) end manner as steted.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end menner steted. 29a. Certifier (Check only one) 29c. License number 29b. Signeture end title of certifie 29d. Date signed (Month, Dey, Year)

State Registrar 2

31. Dete filed (Month (Bay2Yerr) 1998

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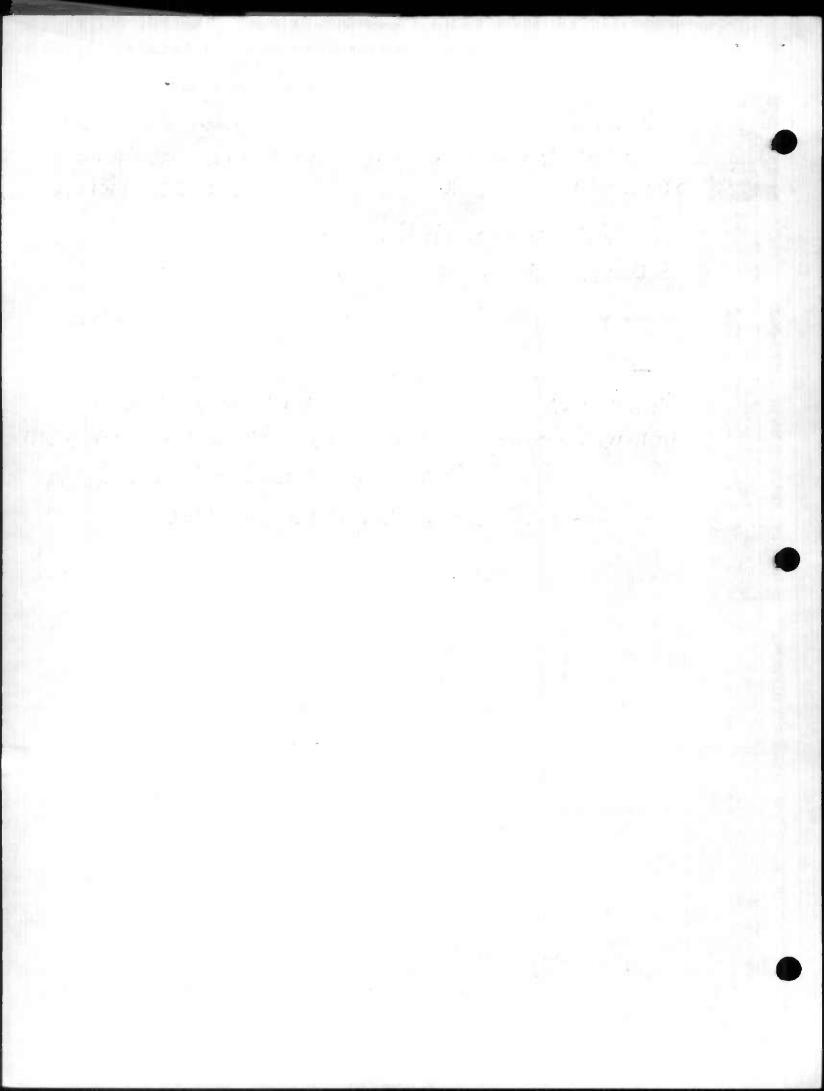
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

S - M - NAYAR - WD - 3717 - 38 WE 32. Registrers Signeture

Fund Davidson-Randson

D-17874

COTTAGO CITY, MD



Andrew Chandler

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

tate of Maryland / Department of Health and Mental Hygi-	ene (
Certificate of Death	n No	2

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Physician	ı
'- /Medical	ŀ
Examiner	I

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Month

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Funeral Director

with the Maryland death

Nam 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examiner must be notified at permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haalth and Mental Hygiene. Important: if it it it is marked other than "natural", or it is any highry or other traumatic event, the Medical Examinations.

Baltimore, Maryland 21215-0020

physiclan and s the burial-transit the death certificate be executed as USB P.0. the 2 Division of Vital Records. peed has certificate luneral if or Attending Patter date.

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Certification:

edicai

24 hours To the Vithin 2 DH4 34

Hospital

3. Time of Death 1. Decedent's Name (First, Middle, Last) 2 Data of Death 9:15pm CHANDLER $\bar{21}$ 98 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) 1334 North Aisquith Street Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth
(Month, Dey, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sax Birthplace (Stata or Foraign Country) 1**X** M 2□ F Yrs. 260-05-6066 05-30-19 GA Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Md. NA Baltimore MOYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? USA 1334 North Aisquith Street 21202 Funerai 12. Was Dacadent Ever in U,S. Armed Forces? X X Yes 2 □ No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 1 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Laborer Bethlehem Steel Co 4th Grade 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Chandler, Sr. Louella Andrew Grogan 0 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21202 19a. Informant's Name/Relationship (Type, Print) Chandler 1334 North Aisquith Street Baltimore, Md. Rosa MAe 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State Md. 20a. Method of Disposition XIX Burial 2 Cremation 3 Removal from State Garrison Forest VA Cem. 03+27-98 Owings Mills 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signatura of Funaral Sarvice Licensea Baltimore, Maryland 21202 eren 1101 E. North Ave. March F.H. East 23a. Part1. Enter the disease, or complifations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequence of). Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated evants resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. þ Completed

Bla deficience

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed? 1 ☐ Yas 2 No

26. Place of Death (Check only one)

24b. Wera autopsy findings available prior to completion of cause of death? 1 Yes 20 No

25. Was case referred to medical exeminer? 1 Yes a No 27. Menner of Deeth

5 Pending investigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

 Location (Street end Number or Rural Route Number, City or Town, State) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated.

29b. Signatura and title-Medical

29c. License number Resident

ILES - 100

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) EAGER STLEET GAST

Hospitel:

MELANIE KATZMAN BALTIMORE, MARYLAND

31. Date filed (Month, Day, Year) Registrar

2 Accident

4 ☐ Homicide

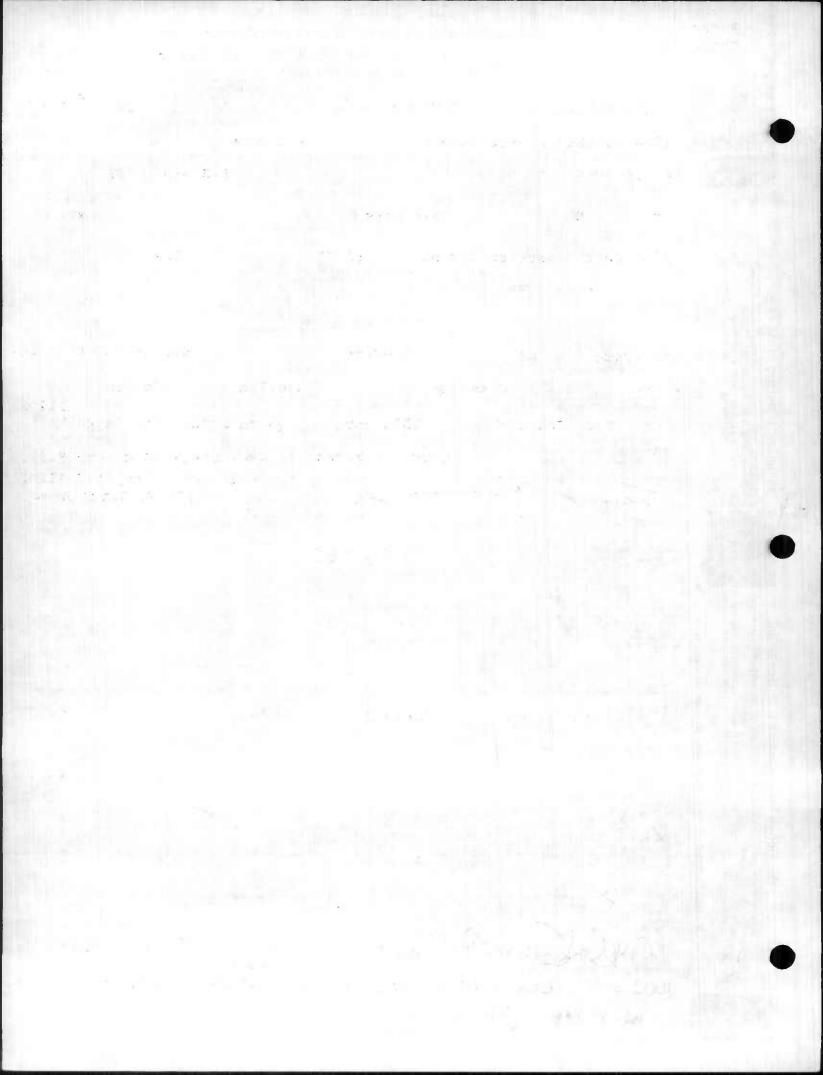
(Check only one)

3 ☐ Suicide

29a. Certifian

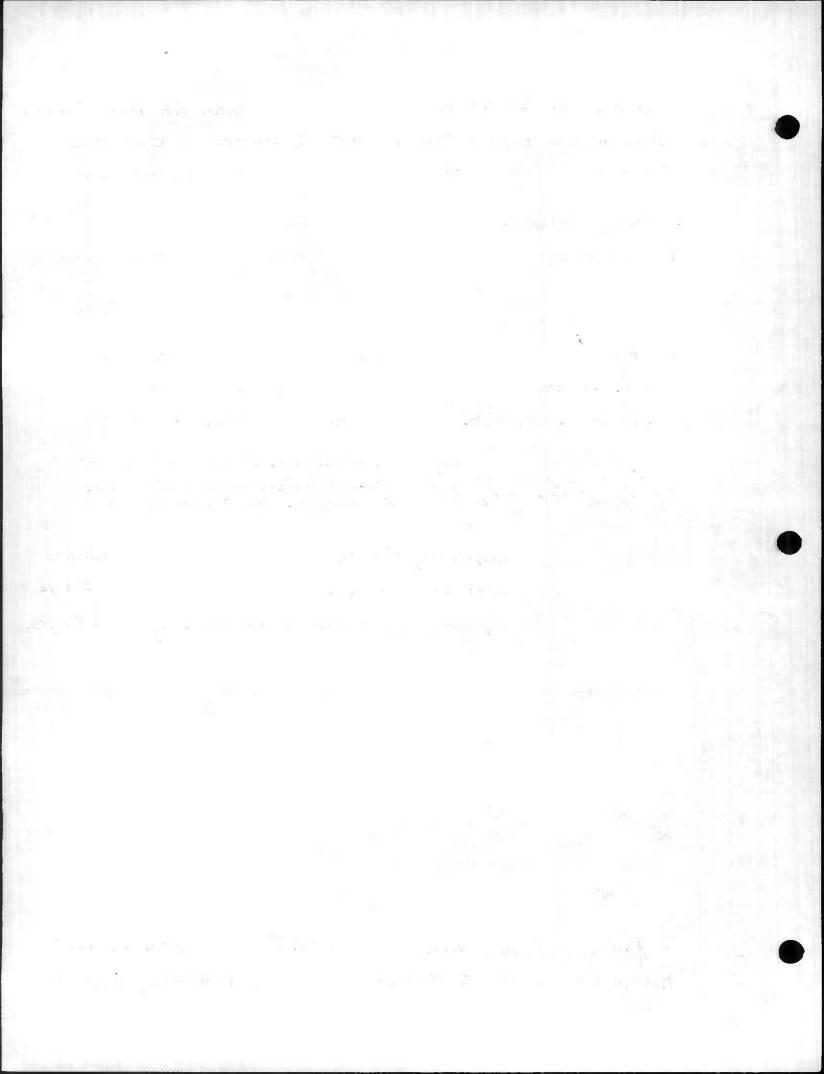
MAR 27

32 Registrar's Signature Julia Davidson-Randall



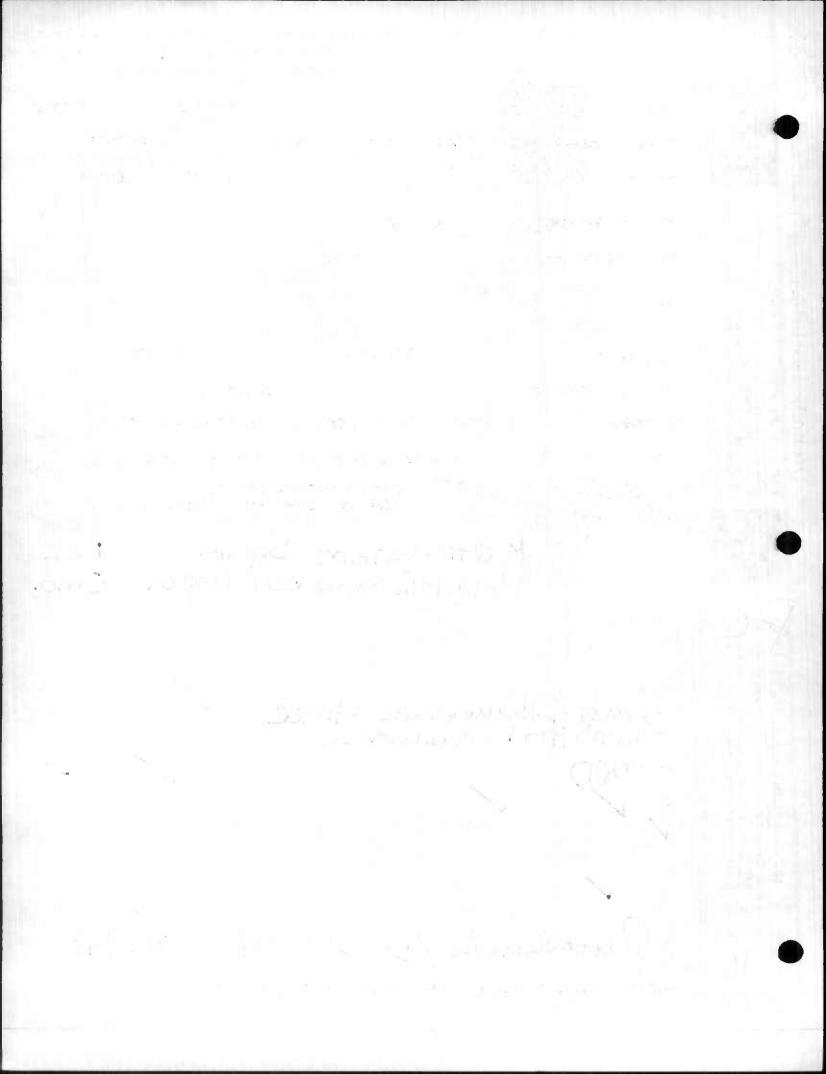
State of Maryland / Department of Health and Mental Hygiene 98 09540

					Certifica	te of	Death		Reg. No.	0 0	2040
مامام	_	I. Decedent's Nema (First, Middle, La	-					2. Dete of D Month		Yaer	3. Tima ot Deeth
sician edicai	_	Helen V.	Demb	eck				March		1998	0914 a
miner		a. Facility Name (If not Institution, given					4b. City, Town	, or Location of Dee		ounty of Deeth	
		Johns Hopkins	· Bayvie	W Medic	cal Cen	ter	Bal	timore	T	Baltim	nore
rai	5			ga (In yrs. last birt	hday) If Under	Days		Hrs. 8. Data of Bi Min. (Month, D	rth ev. Yearl	9. Birthp	plece (Stete or Forei
tor	1		1□ M 2√xF	63	rs.	Dayo	110010	March	18, 1	1935 M	aryland
	-	Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location						and harden one is the
5		21.42		Too. City, Town	or Education					1	0d. Inside City Limi 1 ☐ Yes 2 1 N
rector	5		Ltimore		11.27	The state	Dund	alk			
i i	5	Oe. Street and Number			10f. Z	p Code			10g. Citize	n ot Whet Cour	ntry?
rai	3	1929 Quentin Roa					2122			Inited S	
Funeral Director	1	1. Marital Stetus	12. Wes Decedent	?	It Yas, sp	ecify Cuba	lispanic Origin an, Mexicen, P	? (Specify Yes or No Puerto Ricen, etc.)	0- 14.	Bleck, White,	
by F		1 ☐ Never Merried 2☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 2 It Yes, Give Yaar or Detes:		1 🗆 Yes	2 🛱 No	Specify:		S	pecify:	
		15. Decedent's E			Doggdont's Ha	ial Occur	ation		10h Vind		nite
Completed		(Specify only highest gr	ade completed)	108.	Decedent's Usi (Give kind of w life. DO NOT I	ork done	during most of	f working	100. Kind	ot Businass/In	dustry
E C		Elementary/Secondery (0-12) 12 Years	College (1-4or	5+)	Housew		-7				
Ö	1	17. Father's Neme (First, Middle, Last)		nousew	TIE	18. Mother's	Name (First, Middle		wn_Home	5
0	5	John T. Weicher									
P		19e. Intorment's Neme/Relationship (band 19h	Mailing Address	s (Street		rtrude or Rurel Route Numi		Unknown	
-T	1	Mr. Leonard F.						Dundalk,			L222
	2	Oe. Method ot Disposition		20h. Plece of	Disposition (Na	ma of		Date		tion - City or To	
91		1 Burial 2 □ Cremetion 3 □	Ramoval from Stete	cemeter	, cremetory or	other pla					
	-	4 Donation 5 Other (Special		Sacre				. 3/24/98	Dund	alk, Ma	aryland
once.		the signature of Fyrings solvice you	2/ X	2//	Duda-	Ruck	ss of Fecility Funera	al Home o	f Dund	alk, Ir	nc.
		(per	1/20	4	7922	Wise	Ave.	Dundalk.	Marvl		1222
	1	 Part Enter the disease, or com shock, or heart tellure. List only 	plications that ceuse one ceuse on each	ed the deeth. Do n	ot enter the mo	de of dylr	ng, such es ce	rdiec or respiratory	arrest,		Approximete intervel Betwaen
in T	1	- American many	1	/							Onset end Deeth
al er	-	Immediate Ceuse (Final disease or condition resulting in death)	· Resi	Due to (or es e	Failu	re				1	ninutes
		esaking in dealin	,	Due to (or es e o	onsequence of):					-
٦ ڏ			b. Lef	+ lung	colla	pse					5days
xan		Sequentially list conditions,		Due to (or es e c							
Medical Examiner	1	Sequentielly list conditions, from the sequentielly list conditions, from the sequential list conditions, the sequential list conditions are sequentially list conditions.	. Squ	lamous	cell c	arcir	noma	of the	lun	9	11/2 yr
di G	1	hat initieted events resulting in deeth) Lest	•	Due to (or es e c	onsequence ot)	:			-)	
N.		L	d								
Physician											
ysi	P	Pert II. Other significant conditions of	ontributing to death t	but not resulting In	the underlying	ceuse giv	en In Part i.			e contributa to	the causa of dea
F								1)36	Yes 2	No 3 Pro	bably 4 Unkn
leted by Physician/N								24a We	an autopsy	24h W	ere autopsy finding
Completed								perl	ormed?	ev	eilebie prior to impletion of ceuse deeth?
d E										of	deeth?
ပိ	L							1 🗆	Yes 22N	No 1[☐Yes 2☐ No
B		25. Was cese referred to medicel exeminer?				Ta.		Deeth (Check only	one)		
2		1 ☐ Yes 2 No	Hospitel: Impati	ient 2 ER/Out			4 LI Nursi	ng Homa 5□ Res	Idence 6	Other (Specif	ý)
on:	2	7. Manner of Deeth 1. Naturel 5 ☐ Pending	28a. Dete of Inju			28c. Injur Wor		28d. Describe	how injury o	occurred	
catl		2 Accident investigation			M	1 🗆	Yes 2 □ No				
Certification:		3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	Zoe. Flece of In	ijury - At home, tar tc. (Specify)	m, straet, facto	ry, office		28t. Location City or To	(Street and I wn, Stete)	Vumber or Rure	al Route Number,
edical	2	(Check only 2 Medical Exar	yelcian: To the best niner: On the besis of	ot my knowledge,	deeth occurred	et the tir	ne, date end p	plece, end due to the	ceuse(s) ar	nd menner as s	teted.
20		one)	end menner st	tated.				oodan od on ano anno			
Σ	2	9b. Signature end title of certifiar					e number			signed (Month,	
		Kathrun P	cleanh	M.D.		0	4715	e, Bal	Marc	h 22,	1998
	3	0. Neme and eddress of person who	completed ceuse of	deeth (Item 23e) (Type, Print)		.0				
		Kathryn Euban	K, MD	4940	Easter	n	Avenu	e, Bal	timore	. Ma	ryland
State	3	11. Date filed (Month, Day, Year)		ars Signetore	1.00						
	4		THE LOWER AND	I I M of Assal [ACM	70 //						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month MARCH 26, 1998 6:15AM PAULINE BARBARA DUBBS /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Y. 12/16/24 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1 M 2 F 73 Director 220-18-9662 MARYLAND Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ortant: If item 27 is marked other than "naturel", or items 23a or 28a-f show injury or other traumatic event, the Mad cal Examiner inval to inclined at 1 Yes 2 No Director BALTIMORE GLEN ARM 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 5904 GLEN ARM ROAD 21057 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck. White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2X No Specify: þ Specify: 35EXWidowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Department of Health and Mental Hygiene. important: If item 27 is marked other than Elamantary/Sacondary (0-12) College (1-4or 5+) HOMEMAKER 12th GRADE OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be 2 should be fi HARRY M. BURKHARDT JESSIE SCHMIDT 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) DAWN DUBBS DAUGHTER 3794 TIMAHOE CIRCLE BALTIMORE, MD 21236 20b. Pleca of Disposition (Name of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 St Burlet 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) GARDENS OF FAITH CEM. 3/28/98 PARKVILLE, MD 21. Signeture of Funaral Service Licenses 22. Neme end Address of Fecility JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Enter the disease, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset end Death **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Box 6876 Physician/Medicai Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? P.O. ed by the a ignificant conditions coals buting to death but not resulting in the underlying cause given in Pert I. signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown Records, þ Be Completed 24b. Wara autopsy findings eveileble prior to complation of cause of deeth? 24a. Wes en autopsy performed? page 2 1 Yas No 1 Yes 2 No Division of Vital 25. Wes case raferred to medical 28. Pleca of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2[No 1 Inpatient Certification: To 1 Yes 2 ER/Outpetient 3 DOA 着 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. fnjury at Work? 28b. Time of 28d. Describe how Injury occurred if or Attending P after death. I Director: After I 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Spacify) in Dy 4 Homicide To the Hospital within 24 hours a To the Funeral D Medical 29a. Cartifiar Ecritifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end pleca, end due to the ceuse(s) end menner es steted. 2 Medical Examinar: On the besis of exemination and/or investigation, in my opinion, death occurred et the time, data and place, end due to the causa(s) end menner steted. 29b. Signet in an title of certifier 29d. Dete signed (Month, d 30. Name end eddress of person who completed causa of daath (Item 23e) (Type, Print)
RUTH KANTOR
GREATER BALTIMORE MEDICAL CENTER CHARL CENTER CHARLES STREET TOWSON, MD 31. Dete filed (Month, Day, Year) State wha Davidson Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth HOWARD DAVIS Month Day **Physician** BREYNTON MARCH 24, 1998 7:30 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 703 COTTER ROAD GLEN BURNIE ANNE ARUNDEL If Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign **Funerai** Deys X□ M 2□ F Yrs. 87 216-01-8434 DEC. 24, 1910 MARYLAND Director Usuei Residence of Decedent the Maryland Show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits d 2 should be filed within 72 hours after death with the Marylar th and Mental Hygiene.
If is marked other than "natural", or items 23a or 28a-f shoy treumetic event, the Mod cal Examiner must be notified as 1 ☐ Yes 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 703 COTTER ROAD 21060 U.S.A. Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 12 Yes 2 □ No 193
If Yes, Give
Yeer or Detes: 193 Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 1931-1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: by Specify: WHITE 3€XWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) OFFICE MANAGER TRUCKING permit. Pages 1 and 2 should be filed Department of Health and Mental Hygis Important: If Item 27 is marked other: any Injury or other traumatic avant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) FREDERICK DAVIS CORA (UNKNOWN) 2 19e. Informent's Neme/Reletionship (Type, Pnnt) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stele, Zip Code) JANICE FREDERICK (DAUGHTER) 703 COTTER ROAD, GLEN BURNIE, MD. 21060 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Removel from State 4 Donetion 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 3/27/98 ELKRIDGE, MD. e of Funeral Serviced ices 22. Neme end Address of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 Part | Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, show, or heart feilure. List only one ceuse on each line. Approximate Interval Between end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical COVONEV Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peen page 2 s 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital the Hospital or Attending Physician: thin 24 hours after death. the Funeral Director: After this certific: mpletely filled in by the funeral director. 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes Certification: To 27. Manne of Deeth 28c. Injury et Work? 28e. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1🖸 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner as stated. Medical (Check only one) 2 Madical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. within 2 To the I 29b. Signeture and title of opplier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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P. Registrar's Signeture

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DHMH 16 Rev 6/95

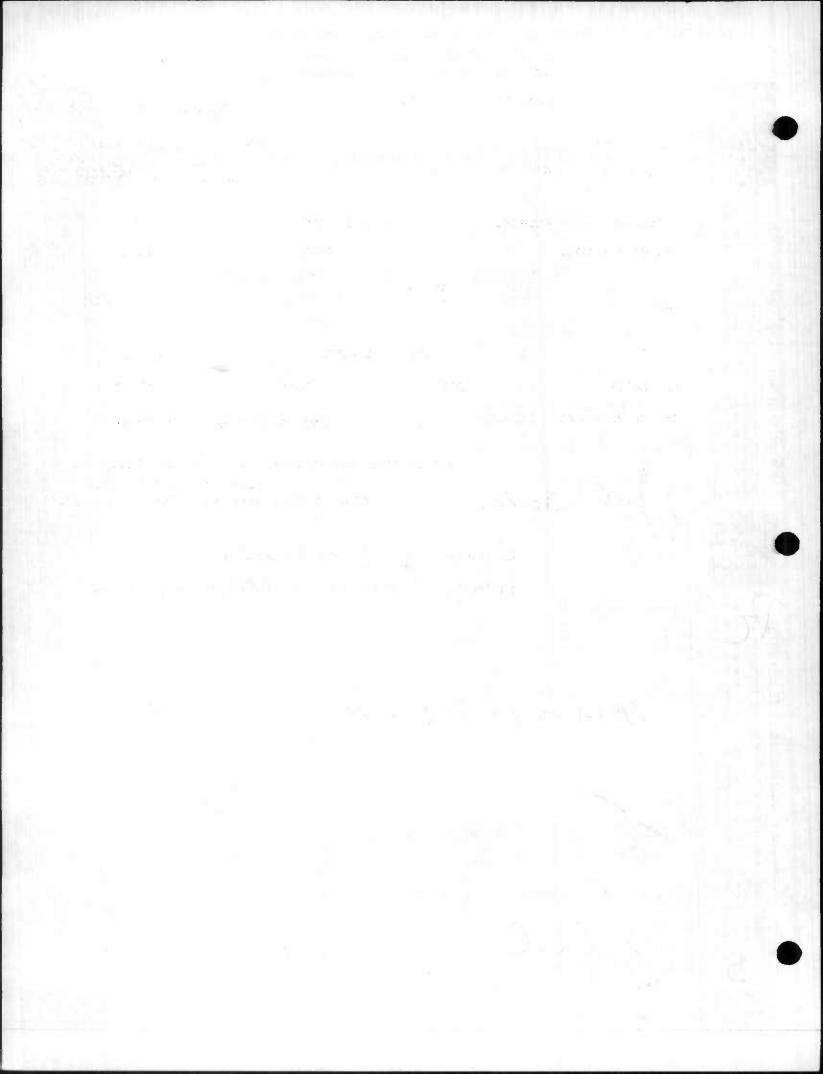
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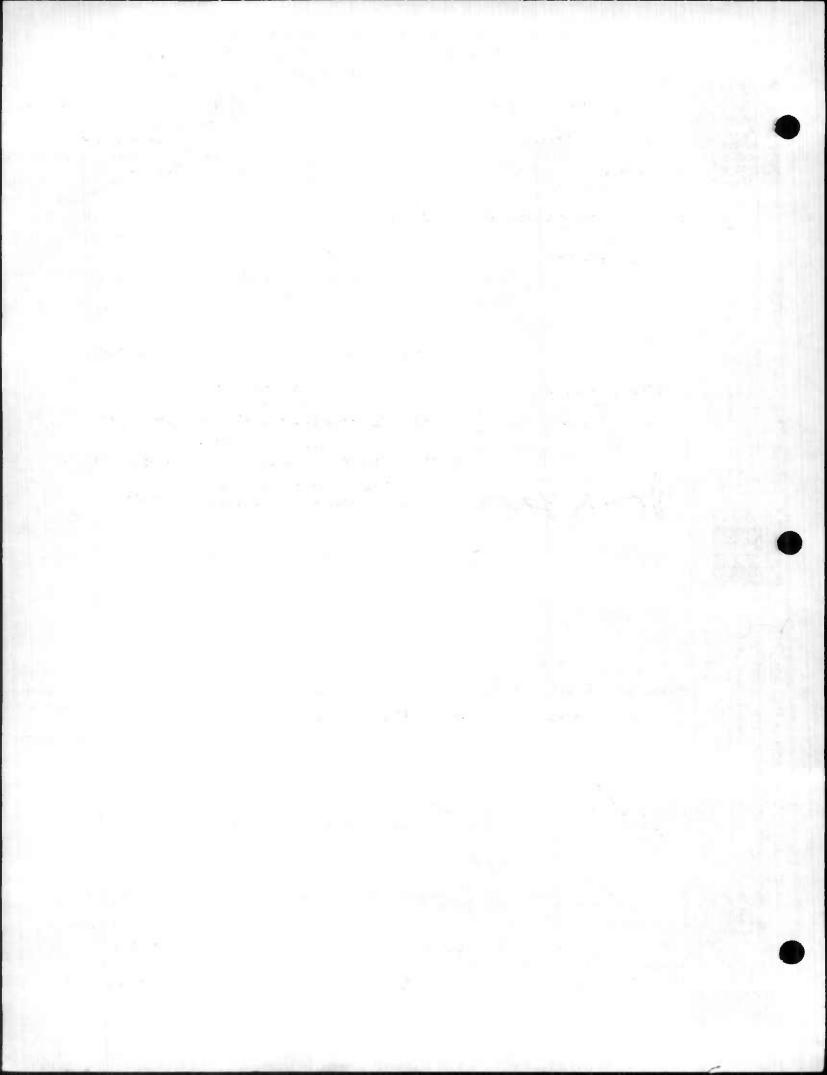
MAR 27 1998

31. Dete tiled (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

	į,		Certificat	e of Death	,	eg. No.	19543
Physician	1. Decedent's Neme (First, Middle, Last	,			2. Date of Deat Month	1998 1998	3. Time of Deeth
/Medical	Georgette A.						6:50 P.M.
Examiner	4a. Fecility Name (If not institution, give Bowie Health Cen			Bowie	Location of Death	4c. County of Death Prince Ge	
uneral rector	5. Social Security Number 6. Se 263 59 3312 Usual Residence of Decedent	7. Age (In yrs.)	last birthday) If Unde Months			Year) 9. Birth Co. 1919 Egy	nplace (State or Foreign untry) Pt
14	10a. State 10b. County	10c. City	y, Town or Location				10d. Inside City Limits
or other traument event, tra Meuces Examinet must be nothed as	Maryland Prince (George's	Bowie				X⊠Yes 2□No
irec	10e. Street and Number		10f. Zip	Code	1	0g. Citizen of What Cou	untry?
aic	4406 Oakview Lane	2		20715		United Sta	tes
by Funeral Director	11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	S. 13. Wes Dece If Yes, spe 1 \(\subseteq \text{Yes} \)	dent of Hispanic Origin? (icify Cuban, Mexican, Pue 2 No Specify:	Specify Yes or No- rto Rican, etc.)	14. Race - Amer Black, White Specify:	
Pe	15. Decedent's Edu	icetion	16a. Decedent's Usu	al Occupation		16b. Kind of Business/l	
Completed	(Specify only highest grad Elementary/Secondery (0-12)	le completed) College (1-4or 5+)	life. DO NOT u	,	orking		
ပိ	12 17. Father's Name (First, Middle, Last)		Homemake		me (First, Middle, A	Own Ho	me
Be	Jordan Attikiouze	.1			oi Coupou		
2	19e. Informant's Name/Relationship (7)		19b. Meiling Address	(Street and Number or F			in Code)
	James J. Ellison	Son		ming Rd. Mt.			
200ce.	20a. Method of Disposition	20b. P	lace of Disposition (Ne	me of other place) March	25 Date QQR	20c. Location - City or 1	Town, Stete
	1 ☐ Burial 2 ☐ Fernation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			inia Cremato		Arlington	
9000	21. Signature of Funeral Service Licen		22. Name ar	nd Address of Facility E. Evans Fu			,
	Jones K	Lown		Annapolis Ro			
ian cai	23a. Port. Enter the disease, or confinence, or heart failure. List only of the confinence of the conf					951,	Approximate Intervel Between Onset and Death
ier	resulting in death)	and the same of th	r es a consequence of):	CARIBA	(8 3 14 (-1)	1	- / cvilcs
Examiner	Sequentially list conditions,	Due to (or	r es a consequence of):				
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events	C. ————————————————————————————————————					
clan/Medical	resulting in death) Last	d	as a consequence of):				
icial	Part II. Other significant conditions cor	stellauting to donth but and con-	ulating to the constant days	aves short to Part I	OSP DIST	hann una annielleute	to the cause of death?
/ Physician/		TE (V- (euse given in Pert i.			obably 4 thinknown
Completed by					24a. Was ar	ned? a	Vere autopsy findings vailable prior to completion of ceuse of death?
Comp	/				1 □ Ye	s 2 3 No 1	☐ Yes 2☐ No
Be C	25. Was case referred to medical			26. Place of De	eath (Check only on	e)	
	examiner? 1 Yes 25 No	fospitel: 1 Inpatient 2 2	ER/Outpatient 3 DC	OA Other: 4 Nursing	Home 5 ☐ Reside	nce 8 Other (Spec	sify)
	27. Mann of of Deeth 1	28e. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe ho	w injury occurred	
Certification:	3 Sulcide 4 Homlcide 6 Could not be determined	28e. Plece of Injury - At ho building, etc. (Specify	me, ferm, street, fector	y, office	28f. Location (St. City or Town	reet end Number or Ru , State)	ral Route Number,
Medical Certi	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of my knowner: On the besis of examinational and menner stated.	viedge, deeth occurred ion and/or investigation	at the time, dete end plec , In my opinion, death occ	e, end due to the ce urred at the time, de	ouse(s) and manner as ate and place, end due	stated. to the cause(s)
Me Som	29b. Signature and title of certifier	1/1	296	c. License number	25	9d. Date signed (Month	, Day, Year)
	• •	1 pho	_	002193		3125/98	
)	30. Name and address of person who co	emploted cause of death (Item	23a) (Type, Print)	RION LANG	= Sun	ile mo	20711
State	31. Dete filed (Month, Day, Year)	32 Registrar's Signat					



permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland

Department of Health and Mental Hygiens, is mous enter beaut with the Mental Hygiens, important: if item 27 is marked other than "natural", or items 23s or 28s-f show sany higher or other treumstic event, the Medical Examples must be notified at once.

Please	Type or Pr	int In Blac	k Indel	ible in	c. Assu	ure A	II Copi	es Are	Legil	ble.			
		Maryland / D	Departm		Health a	and M			e 8	09544			
1. Decedent's Name (First, Middle, Las	st)						2. Date of	of Death		3. Tima of Death			
Nida Fra	nson						Marc	h 25	5,19	98 07:35 PM.			
1a Fecility Name (If not institution, give	street and numbe	ir)			4b. City, To	own, or Le	ocation of D	Death 4	c. County	of Death			
Millenium Health	Care					Bur				e Arundel			
5. Social Security Number 6. Se		Age (In yrs. last birl		Under 1 Year onths Days	r If Under		8. Date of (Month)	of Birth h, Day, Yea 7 1	ar)	9. Birthplace (State or Foreign Country) California			
Usual Residence of Dacedent			Locatio										
10a. State 10b. County	2 . 2	10c. City, Town								10d. Inside City Limits 1 ☐ Yes 2 ☐ No			
Maryland Anne An	rundel			era Be				122 (-11	2121			
10e. Street and Number 1330 Hollow Glen	Court		10	0f. Zip Code	2122	:6				What Country? d States			
11. Marital Status	12. Was Daceder		13. Was I	Decedent of I	Hispanic Orl	Igin? (Sp	ecify Yes o	r No-		a - American Indien, ck, White, etc.			
1☐ Never Married 2☐ Married 3점 Widowed 4☐ Divorced	No s:		Yes 2 No					Specify:					
15. Decedent's Ed (Specify only highest grad		16e.	(Give kind o	s Usual Occu of work done	e during mos	st of work	kina	16b.	Kind of Bu	usiness/Industry			
Elamantary/Sacondary (0-12)	Collaga (1-40)	r 5+)	Homema	VOT usa retire	ed)				Own Home				
17. Fether's Neme (First, Middle, Last) Roudolf Geo					18. Mothe		ne (First, Miceresa			(e)			
19a. Informant's Name/Relationship (7	Type, Print)	19b	o. Mailing Ac	ddress (Stree	et and Numb	per or Ru	ral Route N	um <i>ber, Cit</i>	y or Town,	State, Zip Code)			
Debra Franson-LeFe				llow G				timor					
20a. Method of Disposition 1 Burial 242 Cremation 3 4 Donation 5 Other (Specify	Removal from Stet	20b. Placa of cemeter	of Disposition	n (Name of ry or other pla	Ma	arch 199	2 Pate	20c.	Location -	City or Town, Stete			
21. Signature of Funeral Service Licens	wat		Kirk!	ley-Ru	uddick	Fun			1	MD 21061			
23a. Pert1. Enter the disease, or comp shock, or heart failure. List only of	plications thet caus one cause on each		not anter the	e mode of dy	ying, such as	s cardiac	or raspirato	ory arrast,		Approximate Interval Between Onset and Death			
Immediate Cause (Finel diseasa or condition rasulting in death)	a CHK	ONIC	K	ENI	AL	F	ALL	-UK	上	SYEAKS			
	b. ES	SEN	171	AL	- +	TH	PE	RT	EN	SLOW 15 YEAR			
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	DIAF	SET	E S	ME	ELL	TÜ	57	FPI	EI	45 YEARS			
resulting in death) Last	SE	Due to (or as e o	consequence	DE	M	EN	IT	LA		6YEARS			
The state of the second	The state death	A authings i	The conduct		- In Roy		23h	mt-rober	1100 000	ntributa to the cause of death?			
PERIPHE	RAL	but not rasulting in	SC.	VLA	R.	214			2 No	3 □ Probably 4 Unknown			
							248.	Was an au performed?	topsy	24b. Were autopsy findings availabla prior to completion of cause of daath?			
								1 ☐ Yes	2 X No	1 Yes 2 No			
25. Was case referred to medical examiner? 1 \sum Yes 2 No	Hospital: 1 ☐ Inpa	atient 2 ☐ ER/Ou	utpatient 3	B DOA O	Whore 1		ath (Check o		6 □Oth	ner (Specify)			
27. Manner of Death	28a. Date of In		Time of	28c. Inju				cribe how in					

Physician /Medical Examiner

Division of Vital Records, P.O. Box 68760,

Completed by Physician/Medical Examine the attending physician and hed for use as the buriel-transit The law requires that the death certificate be executed Sequentially I if eny, leading cause. Enter Cause (Disea thet initiated resulting in de ate has been signed by the atte page 2 should be detached for

Directo

Completed by Funeral

To Be

Physician /Medical

Examiner

Funeral

Director

28a. Date of Injury (Month, Day Year) 5 Pending investigation

28b. Time of Injury Injury at Work?

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Natural

2 Accident

3 ☐ Suicide 4 ☐ Homicide

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

1 ☐ Yes 2 ☐ No

29b. Signature ind title of cartifie

6 Could not be determined

29d. Date signed (Month, Day, Year)

O March ? HIGHWAY,

State Registrar

31. Dete filed (Month, Day, Year)

MAR 27 1998

32. Registrer's Signature 1

28e. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Specify)

3

within 24 hours ofter death.

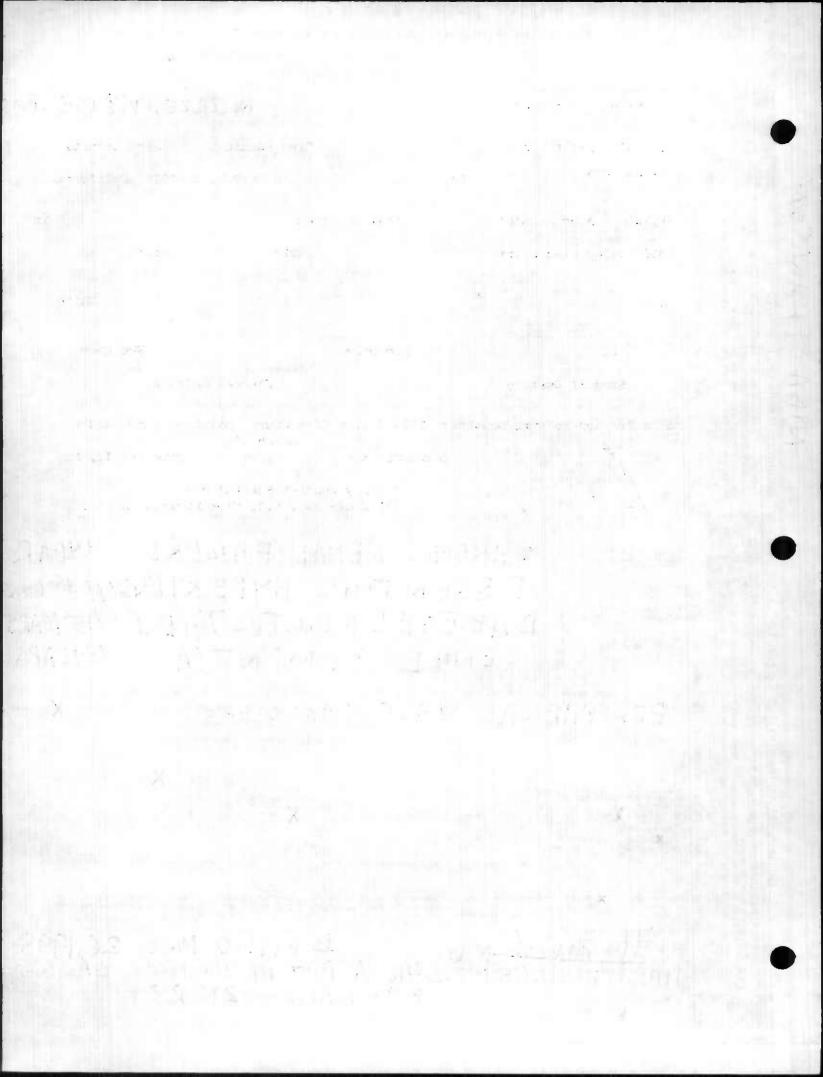
To the Funeral Director: After this certificate has To the Hospital or Attending Physician:

completely filled in by the funeral director,

Be

Certification: To

edicai



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Tima of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 1998 8:05 A.M MARIE or Location Property of Birth (Month, Dey, Year) The second of Birth (Month, Dey, Year) The second of Birth (Month, Dey, Year) The second of Birth (Month, Dey, Year) March 25 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street end number) Examiner Center Hospita Frank 11 5. Social Sacurity Number altimore If Undar Birthplace (State or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 F Months Days Hours 70 217-20-0378 Maryland **Director** Usual Rasidance of Deceden Pages 1 end 2 should be filed within 72 hours after deeth with the Manylend nent of Health end Mental Hygiene. 10d. insida City Limits 10a. Stata 10c. City, Town or Location 10b. County 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, it a Modical Examinor must be notified at 1 ☐ Yes 2 ☐ No Md. Baltimore Director Rosedale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8217 Old Philadelphia Road 21237 USA Funeral 12. Was Decedent Evar in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Year or Dates: 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 □ Nevar Marriad 2 □ Married 1 ☐ Yes 2 No Specify: White Specify: by 3 □Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Waitress Food 11th 17. Father's Nama (First, Middle, Last) 18 Mother's Name (First, Middle, Maiden Sumema) Be 2 Albert Hanzlik Ella Martin 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) William Gue Jr. /son <u>7148 Cunning Circle Baltimore Md. 21220</u> 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, cremetory or other placa) Date 20c. Location - City or Town, Stata permit. Pages Department of Important: If It any Injury or o 1 ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from State Holly Hill Cemetery 3/27/98 Baltimore 4 ☐ Donation 5 ☐ Other (Spacify) Md. 22. Nama end Address of Facility 21. Signature of Funaral Service Licansee Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 or the mode of dying, such as cardiac or respiratory errest. oun 23a. Part1. Enter the disease, or comblications that ceused the death shock, or heart failure. List only one causa on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical **Examiner** Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending pl signed by the a 23b. Did tobacco use contribute to the causs of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 X Yss 2 □ No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? s certificate has b director, page 2 s 2 No 1 Yes 1 ☐ Yes 2 ☐ No I or Attending Physician; after deeth. Director: After this certifica funeral director, 25. Wes cese referred to medicel exeminer? Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 DOA 28c. Injury at Work? 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Netural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 Homlcide • Funeral Di Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Data signed (Month, Dey, Year) 29b. Signature and title of certified 29c. Licansa number

9000

Franklin Square Drue Baltimore, MD

State Registrar 31. Date filed (Month, Dey, Year)

30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print)

32. Registrar's Signature

whia Davidson-Annael

DHMH 16 Rsv 6/95

A CONTRACTOR OF THE SECOND Company Harry Follows

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death **Physician** Theodore L. Gambrill /Medical 4a. Facility Neme (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 1 Year if Under 24 Hrs. NA ulana General pita 405 5. Sociel Security Number 7. Aga (in yrs. last birthday) Birthpleca (Steta or Foreign Country) **Funeral** Deys Hours 1□KM 2□ F 219-01-2372 Birector 84 Yrs -29 - 13MD Usuei Residence of Dacedent the Manyland 10a State 10h. County 10c. City, Town or Location 10d. Inside City Limits If them 27 is marked other than "natural", or thems 23s or 28s-f show or other traumstic event, the Medical Examiner must be notified at MD X Yes 2 □ No Director NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 301 McMechen Street 21217 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ੴ No If Yes, Give Yeer or Detes: Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.

Important: If Item 27 is merked other than "natural". or leasn any Injury or other traument. 1 Navar Marriad 2 X Merried 1 ☐ Yes 2 ☐ No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Baltimore City Board of Education College (1-4or 5+) Janitor 10th Grade 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William Henry Gambrill Estella Jones 19e. Informent's Neme/Reletionship (Type, Pring acquelin beling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21206 Gambrill+Cooper Odessa R. 5619 Knell Avenue Baltimore, Maryland 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from Stata Arbutus Mem. Pk. Cem. 03-28-98 4 ☐ Donation 5 ☐ Other (Specify) Arbutus, Md. 22. Name end Address of Fecility Signeture of Funeral Service Licanse Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue Pert1. Enter the disaasa, or complications thet caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory errest, shock, or heart feilura. List only one cause on each line. Onset and Death **Physiclan** /Medical Immediate Cause (Final disaasa or condition resulting in deeth) Examiner burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): physician a P.O. Box 68760, Physician/Medical Due to (or as e consequence of) attending ŏ Pert ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evallable prior to completion of cause of deeth? page 2 should Completed 24a. Wes an autopsy performed? peeu has 1 ☐ Yas 2 No 1 ☐ Yes 2 ☑ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Wes casa referred to medical Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of tnjury (Month, Dey Year) 27. Manner of Deeth 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. tnjury et Work? 1 Neturel 5 Panding Invastigation hours after death. 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28e. Piece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) i b 4 Homicide 1 Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end piece, end due to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of exeminetion end/or investigation, in my opinion, daath occurred at tha time, dete and piece, and due to the cause(s) end menner stetad. 29a, Cartifier Medical completaly 29b. Signature and title of certified 29d. Data signed (Month, Day, Year) 29c. License number

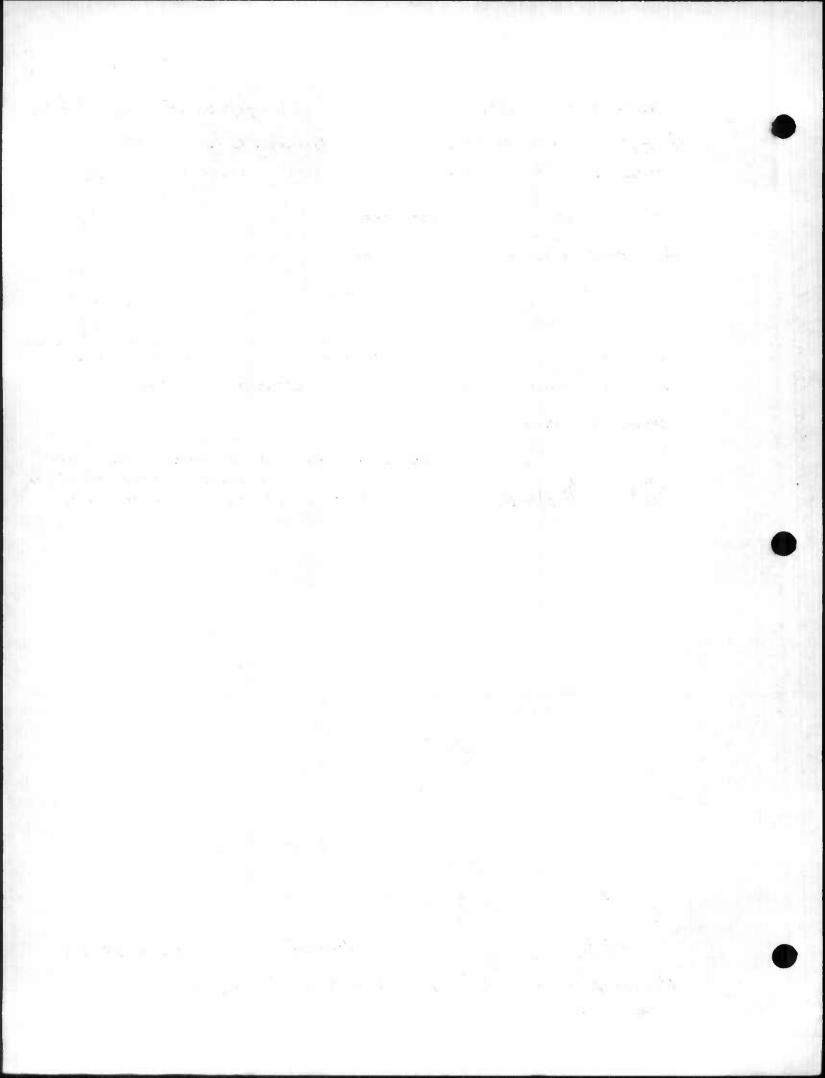
Elo Mary land General

State Registrar

30. Neme end eddress of person who complated cause of death (Item 23a) (Type, Print)

32. Registrar's Signature
fur a Navidoon-Randall

headore Cambri



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death Month ZO AN Robert T. Garrett 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) Baltimore City Good Samaritan Hospital If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) 1**X** M 2□ F 212-05-2662 Yrs. 81 September 28, 1916 Maryland Usual Residance of Dacedant 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 □ No Maryland N/A Baltimore City 10f. Zip Coda 10e. Street and Number 10g. Citizan of What Country? 5004 La Salle Avenue 21206 United States 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No If Yes, Giva Yaar or Dates: WWII 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 X No Specity: Specify: 3 ☐ Widowad 4 ☐ Divorced White 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) Utilities 5 + Accounting Clerk 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) George P. Garrett Eva Bryant 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Mrs. Josephine M. Garrett /wife 5004 La Salle Avenue Baltimore, MD 21206 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stata 1 X Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Holy Redeemer Cemetery 3/30/98 Baltimore, Maryland 21. Signatura of Funaral Sargica Licansaa Michael E. Canapp 22. Nama and Addrass of Fecility Leonard J. Ruck. Inc. Mich 5305 Harford Road Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Causa (Final diseesa or condition resulting in death) Saquantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequenca of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of death? 24e. Was an autopsy parformed? 1 1 Yas 2 □ No 25. Was casa referred to madical axaminar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA

Physician /Medical Examiner

Examiner

Physician/Medical

Be Completed by

Certification: To

Medical

29a. Certifier

ENNIS

31. Data filed (Month, Day, Year)

MAR 27 1998

m()

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral

Director

item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, it a Magical Examper must be northed at

Hygiena.

permit. Pages 1 end 2 should be f Depertment of Heelth end Mental i Important: If Item 27 Is merked of any Injury or other traumatic eve

the Marylend

Baltimore, Maryland 21215-0020

Records, P.O. signed by to Division of Vital

certificata Hospital or Attanding Physician: 24 hours after death. Puneral Director: After this certifica ataly filled in by the funeral director; g

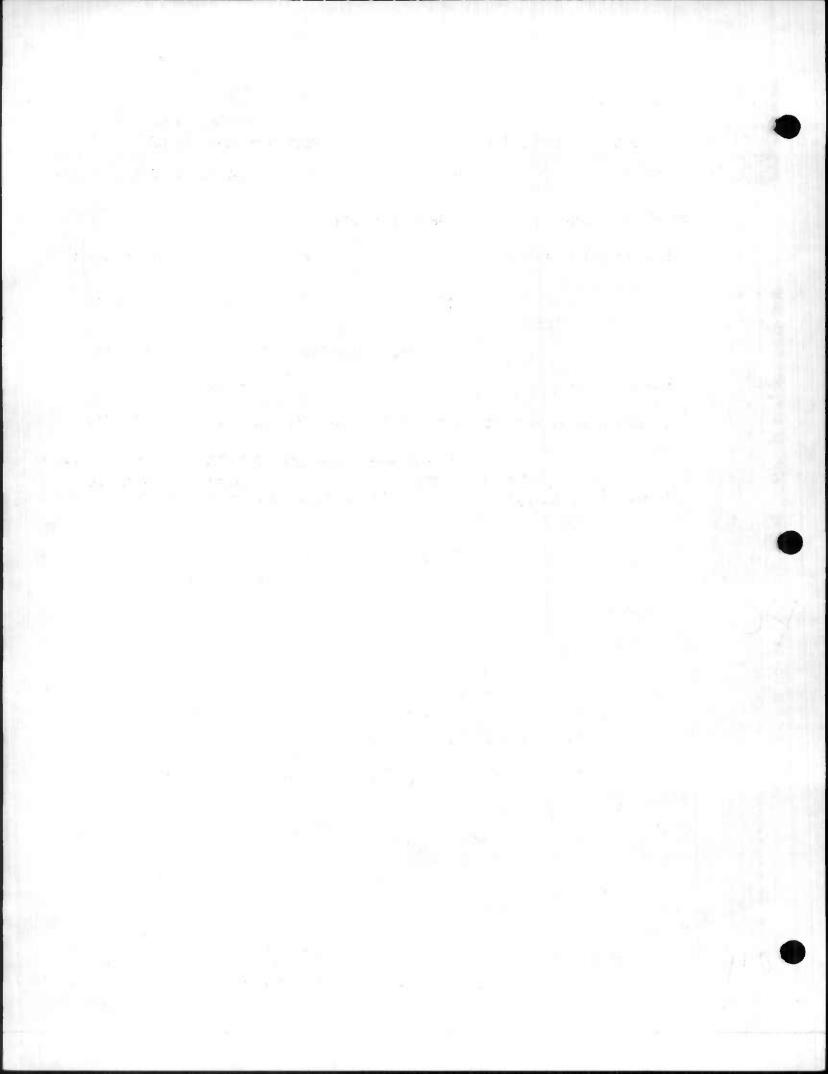
To the Hospital or within 24 hours aft To the Funeral Di complataly filled in

State Registrar 27. Manper of Deeth 28b. Tima of 28d. Dascriba how injury occurred 28c. Injury at Work? 5 Panding Invastigation 1 Natural 2 Accident 3 Suicide 6 Could not be 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At hom building, atc. (Spacify) At homa, farm, streat, factory, offica 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causals, and mention and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of cartifian 29c. Licanse number 29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed causa of deeth (Item 23a) (Type, Print)

SCOT WILL RAVEN BLUD

032. Ragistrar's Signature who Davidson Randall



State of Maryland / Department of Health and Mental Hygiene | | 09548 Certificate of Death

	_						umout	0 01	Dout			Heg. No.								
Physician /Medical	1	Decedant's Nama (First, Midd JAMES LUCIUS					51				2. Deta of De Month MARCH	Day	Yaar 98	3. Time f th th 7:15 M						
Examiner		4a. Facility Nama (If not institution	on, <i>giva street</i> end	number)					4b. City, To	own, or L	ocation of Deat	h 4c. Cou	inty of Dea	th						
LXammer	ı	MARINER HEALT	H CARE A	T NO	RTH A	RUNDE	L		GLEN	BURI	NIE	ANN	E ARU	NDEL						
Funeral Director		5. Social Security Number 219–16–6212	6. Sex 1X M 2□		94 (In yrs. le	a <i>st birthday)</i> Yrs.	If Undar Months			24 Hrs. Min.	8. Data of Bir (Month, Da NOV . 9	y, Year)	9. Bir Co MA1	thplece (Stata or Foraign cuntry) RYLAND						
		Usual Rasidance of Decedant								1		· · · · · · · · · · · · · · · · · · ·								
nothing at	Director	10a. Stata 10b. Count MARYLAND ANNE	, Town or Location DENA								10d. Insida City Limits 1 ☐ Yas 2 🗓 No									
23a o							10e. Street end Number 8116 FOREST GI	EN DRIVE				10f. Zip	Coda					og. Citizan of What Country? JNITED STATES		
Examiner multi	2	11. Marital Status 1 □ Never Married 2 ☑ Ma 3 □ Widowed 4 □ Divorce	rriad 1 Ty	Forcas?			Was Deced If Yes, special				pecify Yes or No Rican, atc.)		Bieck, Whit	te, etc.						
dical dical		15. Decede (Spacify only high		16e. Decedant's Usuel Occupation (Giva kind of work dona during most of wor lifa. DO NOT usa ratired)					orking 16b. Kind of Business/			/Industry								
Hygiena. ther then "nature out, the Medical I	Did in	and and	1	OIII DIGI		Eternentery/Secondary (0-12) Collega (1-4or 5+)				PROCU						FEDER	7:15 PM county of Death NE ARUNDEL 9. Birthplece (Stata or Fora Country) MARYLAND 10d. Insida City Lim 1 Yas 20XI an of What Country? ED STATES 8. Race - Amarican Indian, Bieck, White, etc. 9 Bieck, White, etc. 9 Government 1	VERNMENT		
d out		17. Father's Nama (First, Middle HERBERT NEWEI	S Nama (First, Middle, Last) BERT NEWELL GERRY, SR.					18. Mothar's Nama (First, Middle, Meidan Surnama) NELLIE CARR												
27 Is mer		19a. Informant's Name/Raiation GRACELYN G. GA			TER		_													
5 E K			1 March 30,																	
Department Important: any Injury conce.		21. Signature of Funeral Service	Licensee .	S	16	K		Y-RI			NERAL H	OME, P		D 01061						

Physician /Medical Examiner

Division of Vital Records, P.O. Box 68760

and

Immediate Causa (Finat

23a. Part1. Entar tha disaasa, or complications that ceused the daath. Do not antar tha moda of dying, such as cerdiac or respiretory errast, shock, or haart failura. List only ona cause on eech lina. Approximata Intarvai Between Onset and Deeth Dolubet 7 da

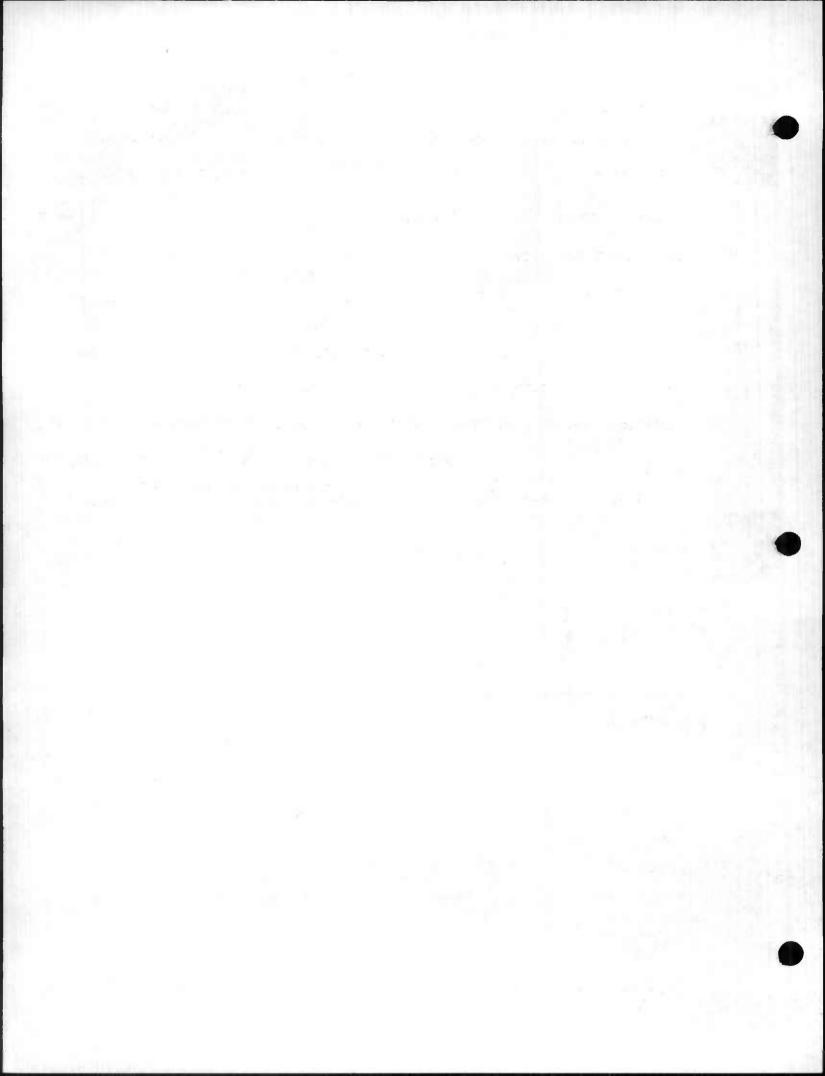
421 CRAIN HWY., S.E., GLEN BURNIE, MD 21061

rasulting in death)	a. Dery (1)	Much			Sauje		
Sequentially list conditions, If any, laading to immadiata causa. Enter Undertying	b. Dysha	or as a consequence of):			V		
Cause (Diseases or triury that initiated events resulting in deeth) Last Part II. Other significent conditions of the c	d	sulting In the underlying o	ceusa givan in Part I.	23b. Did tobacco uae co 1 ☐ Yes 2 No	ontribute to the cause of death?		
				24a. Was en eutopsy performed?	24b. Were eutopsy findings available prior to complation of cause of death?		
3				1 □ Yas 2 □ No	1 ☐ Yes 2 ☐ No		
25. Wes cesa referred to medical axaminar?	Hospital:		00	eth (Check only ona)			
1 Yas 2 No	1 □ Inpatiant 2 □	ER/Outpatient 3□ DO	JA 4 Disnursing	Homa 5 ☐ Rasidance 6 ☐ Oth			
27. Mannar of Deeth 1 Netural 5 Pending 2 Accident investigation		28b. Time of tnjury	28c. injury et Work? 1 ☐ Yas 2 ☐ No	28d. Dascriba how injury occur	rred		
3 Suicide 6 Could not b datarmined	e 28a. Place of Injury - At h building, etc. (Speci	noma, farm, straat, factor	28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)				
27. Mannar of Deeth 1 Netural 2	ysician: To the best of my knoninar: On the basis of examine and manner stated.	owledge, death occurred ation and/or Invastigation	at tha tima, data and piac , in my opinion, deeth occ	e, and dua to the cause(s) and murred et the time, date end plece,	anner as stated. and dua to tha ceusa(s)		
29b. Signature and title of confider		29	c. Licansa number	29d. Data signe	ed (Month, Day, Year)		
St Chu		I	38958	3/27	198		
30. Nama and addrass of person who	complated causa of death (the	13 Annuhol	Lu Road #	+106 Odevlon	MD 21113		

State Registrar

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, i



State of Maryland / Department of Health and Mental Hygiene 98

Certificate of Death

Ben No.

				Certificate	of E	Death		Re	g. No.	0	704	9
Bi dalah	1. Decedent's Name (First, Middle	Last)						ate of Death		Year	3. Time of	Deeth
Physician /Medical	SARA F	RANCES	GO	LDEN			MË	RCH	25, 19	Year 98	:15	AM
Examiner	4a Facility Name (If not Institution, Saint Joseph				41		wn, or Location	of Deeth	4c. County	of Deeth altim	nore	
Funeral Director	5. Social Security Number 212–16–9207 Usual Residence of Decedent	6. Sex 1 □ M 2 □ X F	ge (In yrs. lest birt 88	hday) If Under 1 Months /rs.	Days	If Under 2 Hours	Min. (A	ate of Birth fonth, Day, 21/09			ece (State only) CARO	
yland	10a. State 10b. County		10c. City, Town	or Location						10	d. Inside Ci	ty Limits
a-f all	MD BALT	IMORE	TOWSO	N							1 ☐ Yes	2X No
death with the Maryland ms 23a or 28a-f show Linust be notified at neral Director	10e. Street and Number			10f. Zip (Code			10	0g. Citizen of W	/hat Count	ry?	
ath w	8215 A LOCH RAV				2128				US			
ozo urs after al', or ite Erembe	1 Never Married 2 Marri 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Tyes 2 1 If Yes, Give Year or Dates:	? INo	U.S. 13. Was Decedent of Hispanic Origin? (Spit Yes, specify Cuban, Mexican, Puerto 1 ☐ Yes 2 ☒ No Specify:					pecify Yes or No- Prican, etc.) 14. Race Biack Specify:			
5-0 72 ho natur	15. Decedent		16e.	Decedent's Usuai (Give kind of work	done di	uring most	of working	1	16b. Kind of Bu	siness/Indi	ustry	
od within 72 ho ygiene. The Maricall It, the Maricall Completed	Elementery/Secondary (0-12)	College (1-4or		life. DO NOT use	e retired)							
d 2.	17. Father's Name (First, Middle, L	2 YEARS		ELECTRONIC ASSEMBLER 18. Mother's Name (First, Midde						GHOUS	E	
Tarylanc 2 should be fit and Mental H la marked out aumatic ever							RENCE S			٠,		
Should Me Mark	19e, Informant's Name/Relationsh		19b.	Meiling Address	(Street a					State, Zip (Code)	
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Baltimore, semit. Pages 1 ar semit. Pages 1 ar semit. Pages 1 ar semit of Heam portant: If Item; any Injury or other since.	4 □ Donation 5 □ Other (Sp	ecify)		CREMATO				5/98	CATONS	VILLE	, MD	
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Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	CONGES	Due to (or as a		ILUF	RE				-	Onset and I	
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Vital Relationary of the law certificate has rector, page 2								1□ Ye	s 25 No	1 🗆	Yes 25	No
/ita	25. Was cese referred to medical examiner?						of Death (Ch	eck only on	Θ)			
of Vita Physician: this certific ral director,	1 Yes 25t No	Hospital;				4 🗀 1401			nce 6 Oth)	
Division of Vital tel or Attending Physicien: The state death. The Director: After this certificate led in by the funeral director, pa Certification: To Be Co.	27. Menner of Death 1 Natural 5 Pending 2 Accident Investig	ation	ay Year) 28b. T	ime of 28 njury M	Bc. Injury Work 1 Y	at ? /es 2 🗆 h		Describe ha	ow injury occurr	red		
Division Attended in by the Country of the Country	3 Suicide 6 Could n 4 Homicide determi	ZOO, PIECE OF IT	njury - At home, fa etc. (Specify)	m, street, factory,	office		28f. L	ocation (St. City or Town	reet and Numb n, Stete)	er or Rural	Route Num	iber,
he Hospi in 24 hou he Fune pietely fil edical	(Check only 2 Medical E	Physician: To the best xaminer: On the basis and manner s	of examinetion end	Vor Investigation,	In my op	inion, deat	d place, and d th occurred at	the time, de	ete and piace,	and due to	the cause(s	٤)
To the within com	29b. Signature and title of certifier	Some	W.		License			25	9d. Date signed	s la	Day, Year)	
	30. Name and address of person v		death (Item 23e) (TOW	son,	MARY	_AND	2120	4		
State	31. Date filed (Month, Day, Year)	32. Regin	who Davids	40 . 10								
Registrar	MAR 27	1998	TOURS KNOW (ORDS									

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dev Year 1998 Rovce Wood Hawley March 11:15 pm 4b. City, Town, or Location of Deeth 4c. County of Death 4e Fecility Neme (If not institution, give street and number) Anne Arundel Medical Center Annapolis
If Under 24 Hrs. Anne Arundel If Under 1 Year 5. Sociel Security Number 6. Sex 10 M 2 ☐ F 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Hours Months Devs 134-30-3888 91 Sept. 18, 1906 New York Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD 1 X Yes 2 No Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 514 Kansala Drive 21401 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ≥ 2 No tf Yes, Give Yeer or Detes: 14. Raca - American Indien, Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 💢 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Officer/Clergy The Salvation Army 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Phineas R. Hawley Frances Wood 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 514 Kansala Drive, Annapolis, MD 21401 Elzen Hawley - Wife 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State St. Thomas Cemetery 03/22 Franklin Co., PA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licanses 22. Name end Address of Fecility Hardesty Funeral Home, P.A. Hardesty Funeral nome, Annapolis, MD 21401

12 Ridgely Avenue, Annapolis, MD 21401

Approximate Interval Between Onset end Deeth Haroleste MOO X 23e. Pert1. Enter the disease, or complications that caused the heath. Do not enter the mod shock, or heart failure. List only one ceuse on each line. Immediate Ceuse (Finel diseese or condition resulting in deeth) Aspiration Pneumonia Due to (or as e consequence of): Fracture of hip Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): Due to (or as a consequence of): 23b. Did tobacco use contributa to the causa of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evalleble prior to completion of cause of death? 24e. Wes en autopsy 1 Yes 25 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2X No

Physician /Medical Examiner

Physician

/Medical

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Funeral

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Department of important: If any Injury or

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P.O. Box 68760

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Examiner Physician/Medical 98 P Completed Be 0 Certification:

physician and s the burial-transit certificate be execu usa Pol ed by the e signed t page 2 has certificate Attending Physicien: director After this funeral after death. Director: Aft ŏ 24 hours Hospital completely To the I within 2

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State Registrar

Medical

rel 03/05/98 10:30p M 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the case(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. At home 29a. Certifier (Check only one) 29d. Dete signed (Month, Dev. Year) 29c. License number 29b. Signeture end title of cartifier D18529 ulce 03/18/98 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

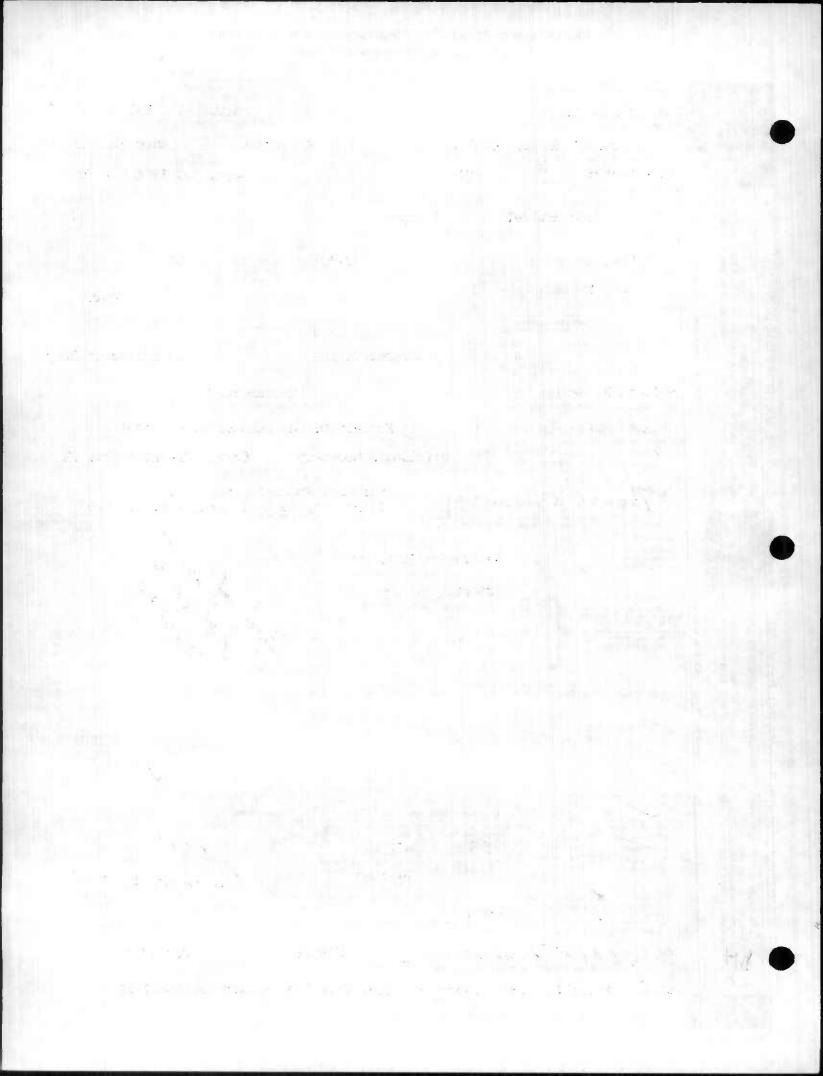
Jon B. Lowe, M.D. 31. Dete filed (Month, Dey, Year)

MAR 27 1998

2007 Tidewater Colony Dr., #2A, Annapolis, MD 21401

32. Registrer's Signeture

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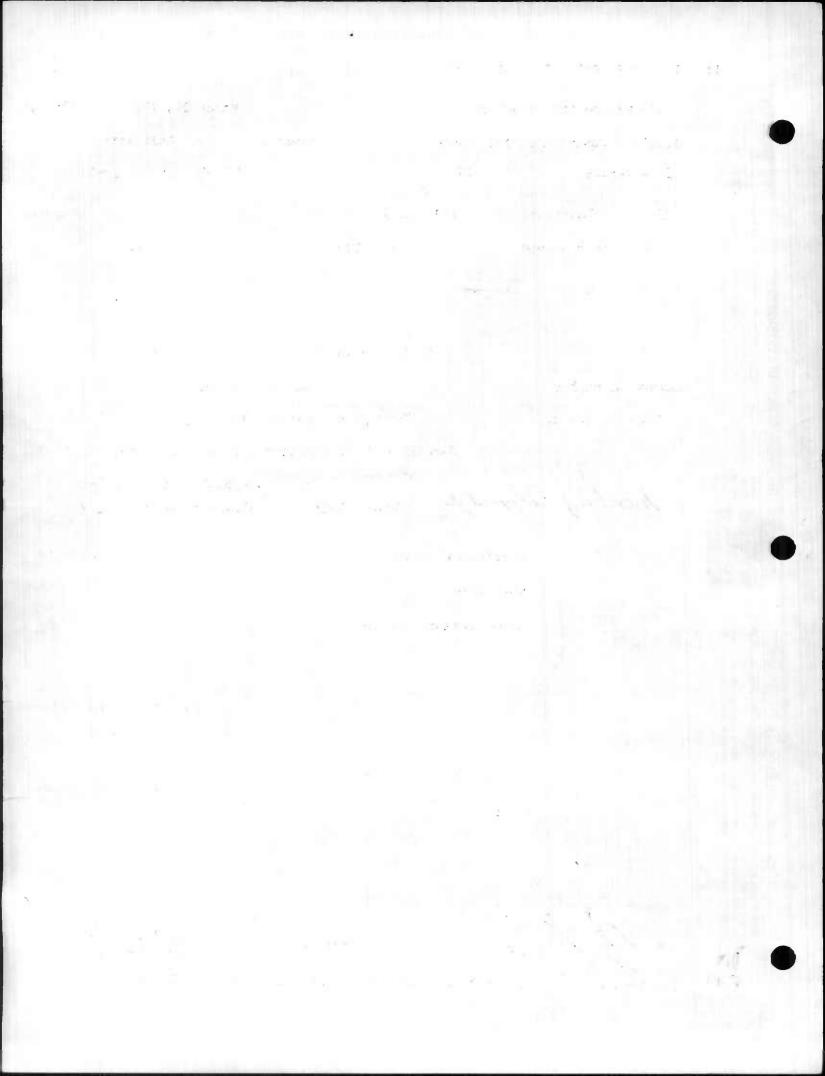
State of Maryland / Department of Health and Mental Hygiene Item 12 Per FH Film G758 4-1-98 rja Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month **Physician** March 24, 1998 7:35 P.M. Edward Leonard Hughes Sr. /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street and number) 4c. County of Death Examiner Baltimore Franklin Square Hospital Center Rosedale 8. Date of Birth (Month, Day, 5. Social Security Number If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 1 M M 2 D F Months Days Hours 02/01/1921 220-01-6446 Maryland Director Usual Residence of Decedent Pages 1 end 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mental Hygiene. Int: If Item 27 ie marked other than "natural; or frems 23s or 28s-f show ary or other treumstic event, me Neddes Examine I must be notified at 10c City Town or Location 10d. Inside City Limits 10a State 10h County Md Baltimore Baltimore 1 ☐ Yes 2 No Director 10e. Street and Number 7007 Beech Avenue 10f. Zip Code 21206 10g. Citizen of What Country? U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Black, White, etc. 1 X Xes 2 No If Yes, Give Year or Dates: 1 Never Married 28 Married Specify: White Baltimore, Maryland 21215-0020 1 Yes 2 No Specify by 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Tool& Die Maker Aircraft 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Edward L. Hughes Annie Kmieciak 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Hilda M. Hughes $7007\frac{1}{2}$ Beech Avenue Baltimore, Maryland 21206 20c. Location - City or Town, State 20a. Method of Disposition 20h. Placa of Disposition (Name of Date Garden of Faith Cemetery 3/27/98 Baltimore, Maryland Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 22. Name end Address of Facility 21. Signeture of Funeral Service Licenses Dippel funeral Home Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Maryland 21200 shock, or heart failure. List only one cause on each line. Appromate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Cardiogenic shock 8 months Examiner Due to (or as a consequenca of). Examine Cirrhosis physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es e consequence of): O. Box 68760 Renal failure, acute Physician/Medicai Due to (or as a consequenca of) attending p 23b. Did tobacco use contributa to the causs of death? signed by the a Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, P. p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy Completed certificate has t irector, page 2 s 1 Yes 2 No 1 ☐ Yea 2 ☐ No I or Attending Physician: efter death. Director: After this certifice 28. Place of Death (Check only one) Be 25. Wes case referred to medical examiner? Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2⊠ No Certification: To 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Atter within 24 hours efter des To the Funeral Director completely filled in by th 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29b. Signature and title of certific 29d. Date signed (Moeth, Day, Year) 29c. License number RD187419 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8-41 9000 Franklin Square Dr. Baltimore, Maryland 21237 Thomas Lee 31. Date filed (Month, Day, Year) MAR 27 1998 32. Resistrar's Signature who Daydron - Handell Registrar

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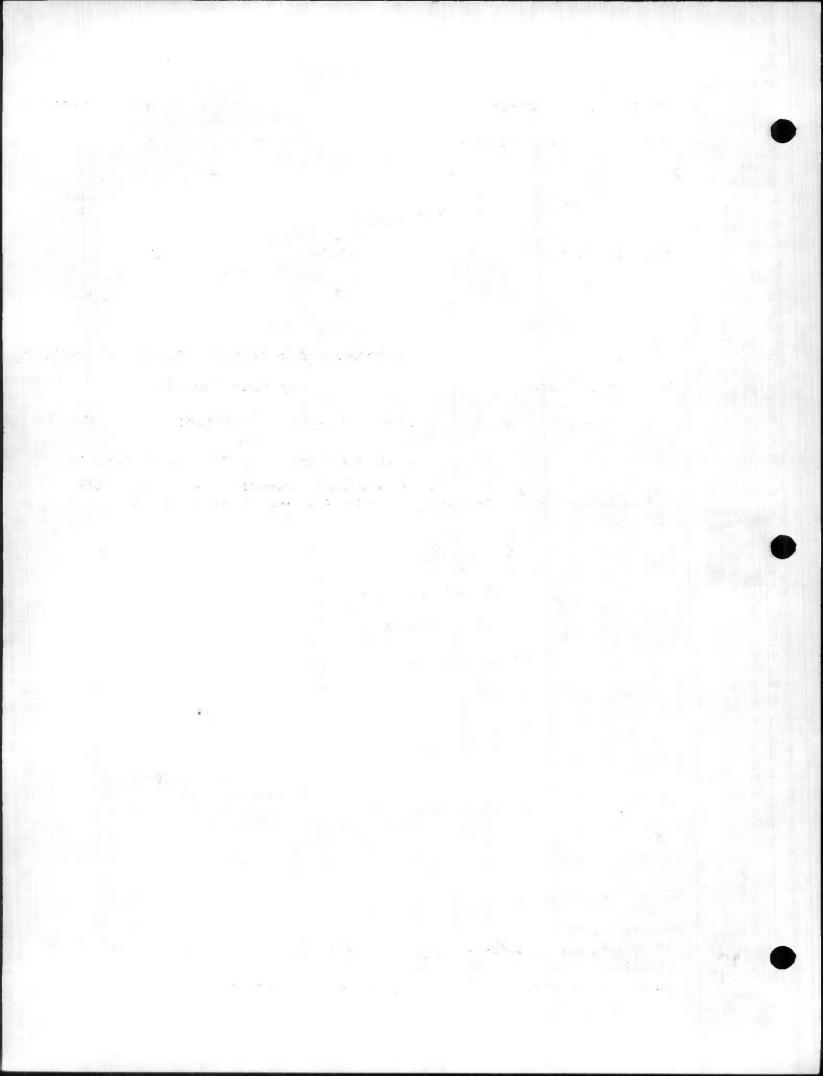
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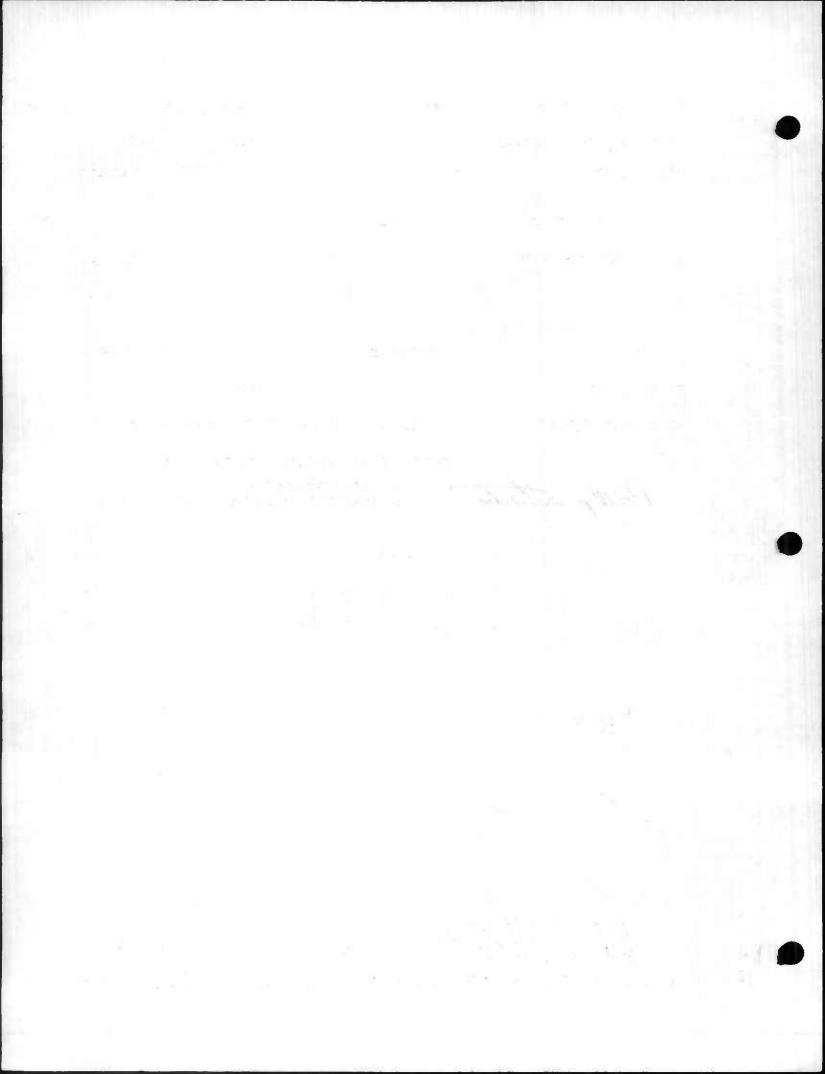
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Day Month Year **Physician** Earl V. Icenroad 25 1998 March 4:56 PM /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore N/A If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 213-54-2526 48 Director March 19 1950 Usual Residenca of Decedent with the Marylenc 10c. City, Town or Location 10d. Inside City Limits 10e. State 10b. County 7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Medical Examinar must be notified at Yes 2 No Director N/A MD Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3305 Ailsa Ave 21214 USA poemit. Pages 1 and 2 should be filed within 72 hours efter death a Depertment of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or itema 23a any injury or other treumatic event, this lateral. Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, 12. Was Decedent Ever In U,S. Armed Forces? 11. Menitel Status Black, White, etc. 1 ☐ Yes 2 No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Maintenance Supervisor Apartment Building 18. Mother's Name (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Last) William Icenroad May Anna Edwards 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Debra Icenroad /wife 3305 Ailsa Ave Baltimore, MD 21214 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Mar 28 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 1998 Oak Lawn Cemetery Baltimore, MD 21 Signeture of Funeral Service Licenses 22. Name end Address of Facility Connelly Funeral Home of Dundalk olt 7110 Sollers Point Rd 23a. Part i. Enter the diseas or complications that caused the death. shock, or heart failure list only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final less than thous disease or condition resulting in death) Examiner Examiner ettanding physicien and for use as the burial-transit law requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Last Records, P.O. Box 68760. abuse Physician/Medical Due to (or es a consequence of) Emphysema signed by the etta Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy Completed pega 2 s 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes Division of Vital Attending Physician: funeral director 25. Was case referred to medical 26. Place of Death (Check only one) Be examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA Certification: To this 26a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of After t 1 Naturai 5 Pending 1 Yes death. investigation 2 Accident s ofter death i Director: Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide Hospitai To the Hospital within 24 hours e To the Funeral C 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical complataly 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture and title of certifier rance 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 10 Stephanie Linder, M.D. 2801 Foster Ave Baltimore, MD 31. Date filed (Month, Day, Year)
MAR 27 1998 32. Floristrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Month MARCH 4:50 PM GEORGE J. KORTISES 22 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner UNION MEMORIAL HOSPITAL BALTIMORE 5. Social Security Number 6. Sex XZM 2□ F If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 06/11/1916 Birthplace (State or Foreign Country)
 MARYLAND 7. Age (In yrs. last birthdey) **Funeral** Days 213-07-3663 81 Yrs Director Usual Residence of Dacedant with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Madical Examinat must be notified at 1 ☐ Yes 2 ☐ No Director BALTIMORE CATONSVILLE 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 23a should be filed within 72 hours after death v nd Mental Hygiene. marked other than "natural", or Items 23s 5510 N. MEDWICK GARTH 21228 U.S.A. Funeral 14. Rece - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 1 ☐ Never Married 2 Married 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes ŽÍŽNo Specify: à Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedant's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) SALESMAN MARYLAND CLASS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be 1 nent of Health end Mentai I JAMES KORTISES ANNA EXHROU 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health er Important: If Item 27 is any injury or other trau MARY KORTISES/WIFE 5510 N. MEDWICK GARTH CATONSVILLE, MD 21228 20b. Place of Disposition (Name of cemetery, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Data 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GREEK ORTHODOX CEMETERY 3/26/98 22. Name and Address of Facility
STERLING ASHTON FUNERAL HOME, INC. 21. Signature uneral Service Licensee 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batw **Physiclan** /Medical Immediata Cause (Final disaasa or condition resulting in death) Cardiac Examiner Dua to (or as a consequence of Examiner Severe enoxic encephal sician and burial-transit The lew requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events rasulting in death) Last Due to (or as a consequence of): physician s the burial Box 68760. myocardial Entarchon Physician/Medicai Due to or as a consequence of) esn signed by the a Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records. P.O. ypertension 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed page 2 s 1 Yes 1 Yes 20 No Division of Vital or Attending Physician: director, 25. Was casa rafarred to medice! Be 26. Placa of Daath (Check only one) Hospital: 1 Inpatient 2 No Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas Certification: To 2 ER/Outpatient 3 DOA this funarai 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Aftar 1 Natural 5 Panding investigation s efter deeth. 1 ☐ Yas 2 ☐ No 2 Accident completely filled in by the 3 Suicide 6 Could not be datarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours 29a, Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated. Medicai (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 ş 29d. Date signed (Month, Day, Year) 29b. Signature and title 29c. License number 2 052220 H 30. Name and address of person who completed causa of death (Itam 23a) (Type, Print) 10 PELL I MD BALTEMORE MD 21218 KICHARD E. UNIVERSETY PARKWAY 32. Registrer's Signature 31. Date filed (Month, Day, Year) State MAR 27 1998 rule Davidson Gandall Registrar



State of Maryland / Department of Health and Mental Hygiene 8 09554

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	Reg. No.					

	1. Decedent's Name (First, Middle, I	ast)						2. Date of D		Va	3. Time of	Death		
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iei	ROUTE 301 NORTH	BOLIND				HDDE.	R MAR	LBORO	PRINC	F GFO	RCFS			
		Sex	7. Age (In yrs.	last birthday)	If Under 1 Ye	er if Unde	er 24 Hrs.				ice (Stete o	r Foreign		
	231-11-7655	1□M 21√F	35	Yrs.	Months Da	ys Hours	Min.	8. Date of Bi (Month, D 12/18/	1962	VA	(7)			
	Usual Residence of Decedent													
i Mil	10a. State 10b. County		10c. Ci	ty, Town or Lo	cation					10	d. inside Ci			
Director	MD CHAR	LES	V	VALDORE	7						1 L Yes	2E1N0		
	10e. Street and Number				10f. Zip Cod	le			10g. Citizen of V	What Count	ry?			
	6312 JOSEPHINE R	OAD				20601				.S.A.				
	11. Marital Status	Armed Fo		,S. 13.	Was Decedent If Yes, specify (of Hispanic C Juban, Mexic	origin? (Sp en, Puerto	ecify Yes or N Rican, etc.)	o- 14. Rac Blac	e - America ck, White, e				
	1 Never Married 2 Married	1 Tes If Yes, Giv	2 🔯 No		1□ Yes 2⊠					WHIT	F.			
-	3 ☐ Widowed 4\(\text{\text{\text{Divorced}}}\)	Year or Da	ates:											
	15. Decedent's (Specify only highest of	Education rade complated)		16a. Dece	dent's Usual Oc kind of work do DO NOT use re	cupation one during me	ost of work	ring	M.C. DE			DINC		
	Elementery/Secondery (0-12)	College (1	-4or 5+)			urea)			CONSTRU					
	11 17. Fether's Name (First, Middle, La	st)		ELECTI	CICIAN	18. Mot	her's Nam	e (First, Middle	e, Maiden Sumen					
	BOBBY RAY SAGE							BURNL						
	19a. Informant's Name/Relationship	(Tyne Print)		19b Mailie	na Address (St				ber, City or Town,	State Zio	Code)			
	BOBBY RAY SAGE/F								, VA 245		,			
	20a. Method of Disposition		20b. I		sition (Neme o			Date	20c. Location -		vn, State			
	1 ☑ Burial 2 ☐ Cremetion 3		State				OK B	/21/98	T.VNCHRIII	PC 177	1			
	4 Donation 5 Other (Specify) FORT HILL MEMORIAL PARK 3/21/98 LYNCHBURG, VA 21. Signeture of unday doi: 10.00000000000000000000000000000000000													
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-	shoc or east failure. List on	mplications that c y one cause on e	eused the deat ach line.	th. Do not ent	er the mode of	dying, such o	es cardiec	or respiretory	errest,	i	Approximet Interval Bet Onset end	меел		
	Immediete Ceuse (Final	11	14	1							0.1001 0110 1			
	disease or condition resulting in death)	0.	ultipl	· B	/wies	e								
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	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	c	cDue to (or as e consequence of):							+				
	resulting in deeth) Lest		Due 10 (0	n as e consec	juence or):									
		d												
	Pert ii. Other aignificent conditions	contributing to de	ath but not res	ulting in the u	nderiving cause	given in Par	rt I.	23b. Die	i tobacco usa co	ntributa to	the cause	of death?		
	Port II. Other arginitoons continuous	continuating to de	atti bat not roc	and an the d	inconying cause	givoirari			Yes 2□No	3 ☐ Prob	1	Unknown		
								24e. Wa	s en autopsy	24b. We	re autopsy i	indings		
								per	formed?	cor	npletion of d			
								, i.	Yes 2 No	1	Ves 2□	No		
ļ	25. Was case referred to medical					00 01-	on of De-	th (Check and		1	.00 2	140		
	exeminer?	Hospital:	npatient 2	ER/Outpetie	nt 3 DOA	Othor		th (Check only	sidence 6 🖾 Oth	er (Specif	AT CO	יבואיםי		
	27. Manner of Death	28a. Date	of Injury	28b. Time o		njury at	Anising H		how injury occur		AI SU	ENE		
	1 Naturel 5 Pending Investigat	on (Mont	h, Day Year)	Injury		Work?	No	Subre	et dise	ude	lhe	the		
	3 Suicide 6 Could not	be 28e. Place	of Injury - At h	ome, farm, st	reet, factory, of	ice	1	281. Location		our or murp	Roung Num	Sor.		
	4 Homicide	buildi	ng, etc. (Speci	(y)	0			Corem Re	own, Stete)	nte 3	of her	ween		
מוכשו								and due to the	e cause(s) and ma			Tul		
		aminar: On the ba							, dete and place,			4-1		
	29b. Signeture and title of certifier				T	ense numbe			29d. Date signe					

State Registrar

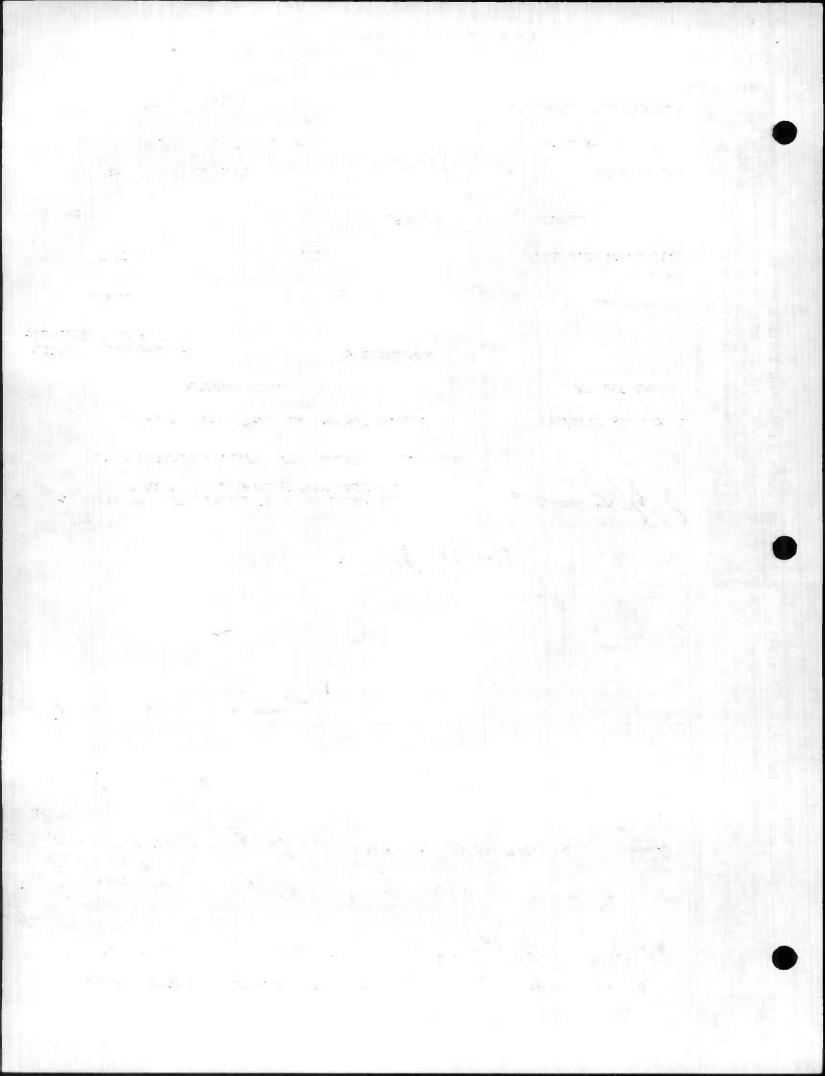
THEODORE MIKEN
31. Date filed (Month, Dey, Year) MAR 27 1998

30. Name and address of person who completed cause (=ath (Item 23a) (Type, Print)

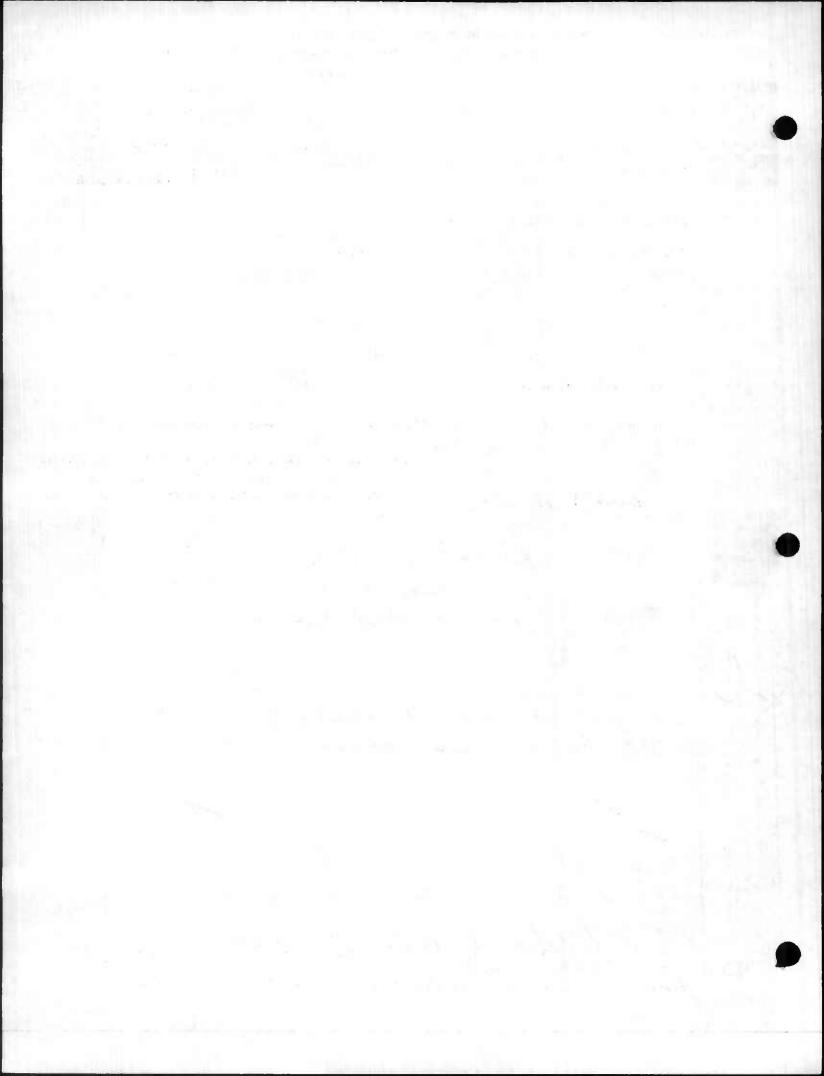
111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

MARCH 18, 1998



				State of Ivia	Tylanu /		tificate of	Tealth and N Death		Reg. No.	09333
	Physic	ian	1. Decedent's Neme (First, Middle, Las	•					2. Dete of De Month	ath Dey Ye	3. Time of Death
	/Medi		GLADYS	(NMN)		KNOP	P	MARCH	•	10:40AM
	Examination Examin	ner			(In yrs. lest b	irthdey) Yrs.		4b. City, Town, or L EVERN If Under 24 Hrs. Hours Min.	8. Date of Bir	ANNE AR	UNDEL Birthplece (Stete or Foreign Country)
	pue *_		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tov	wn or Loc	ation				10d. Inside City Limits
	f show	ō	MARYLAND ANNE ARI		SEVERN						1 ☐ Yes 2 ☐ No
	or 28a-f	rect	10e. Street end Number		JE V BICIV		10f. Zip Code			10g. Citizen of Whet	21
:	23a or	O	551 OLD OAK ROAD				21144			U.S.A.	
21215-0020	or items	by Funeral Director	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		H	las Decedent of h Yes, specify Cub	Hispenic Origin? (Sp an, Mexicen, Puerto Specify:	pecify Yes or No Ricen, etc.)		vmericen Indian, thite, etc. HITE
2-0	"natural",	ted	15. Decedent's Edi (Specify only highest gred		166	Decede	ent's Usuel Occup	pation during most of work	doa	16b. Kind of Busine	ess/Industry
121	. Nan .	Completed	Elementery/Secondary (0-12)	College (1-4or 5+	-)			during most of work d)	wing.	01117 1101/17	
ca .	z snould be filed within and Mental Hygiene. Is marked other than aumstic event, the M		9	N/A	H	OMEMA	AKER			OWN HOME	
anc.	d out	Be	17. Father's Name (First, Middle, Last) JOHN FR ANCIS MIT(CHELL.				18. Mother's Nem		, Maiden Sumame)	
Maryland	should by the state of the stat	L O			10	5. 8.4. W.	1414				
	th and 7 is r		19e. Informent's Neme/Reletionship (TARLENEL F. NAEGELI							er, City or Town, Stat	
	f Health frem 27 other tr		20e. Method of Disposition	L .	20b. Plece	51 of Dispos	OLD OAK ition (Name of	!	Date Date	RYLAND 21 20c. Location - City	
ou	60-		1 D Surial 2 □ Cremetion 3 □ I 4 □ Donation 5 □ Other (Specify				etory or other ple	AL PARK 3	/26/98		NIE, MARYLAND
			21. Signature of Funerel Service Licens		ODEN 1		Neme and Addre			FUNERAL :	,
Ba	Departr Departr Importu any inju		DI OTS	10							MD. 21061
			Enter the disease, or comp shock, or heert feilure. List only o	lications that caused ti	he deeth Do						
7	Physician /Medical Examiner	Jer.	Immediate Cause (Final disease or condition resulting in deeth)	a. Peru	oue to (or es e	Consequ	relu-		Des	4 sears	Approximate Intervel Between Onset end Deeth
Box 68760,	meking physician and use as the burial-transf	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieled events resulting In deeth) Lest	c. all	ue to (or es e	consequ	cle	rose	7		
	18 /	sicis	Part II: Gither significent conditions co	ntributing to death but	not resulting	In the un	derlylng-cause giv	ven in Pert I.	23b. Dld	tobacco usa contrib	uta to the cause of death?
3	gred by it	by Phys	Congestere	e be	ear	7.	fac	lure		./	Probably 4 Unknown
of Vital Records,	aw requires to the second of t	Completed i	Celibra	f Th	in	no	oci	,	24e. Wes	en eutopsy ormed?	lb. Were eutopsy findings evallable prior to completion of cause of death?
H	8 8	S							10	Yes 2 No	1 ☐ Yes 2 ☐ No
<u> </u>	Section 1	Be	25. Wes case referred to medical exeminer?	Magnital.				26. Plece of Deel	th (Check only	one)	
ō	this certific ral director.	2	I Les STALIAO	Hospital: 1 Inpatient			3LI DOA			dence 6 Other (S	Specify)
	Alto	Certification:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey		Time of Injury	M 1 □	ryat rk?]Yes 2 □ No	280. Describe	how Injury occurred	
DIA	within 24 hours after deal To the Futered Director: completely filled in by the		3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injury building, etc.	y - At home, f (Specify)	arm, stre	et, fectory, office		28f. Location (City or To	Street and Number or wn, Stete)	r Rurai Route Number,
-	n 24 hou ha Funar pistaly fil	edical	29a. Certifier (Check only one) Certifying Phy Medical Exami	elclan: To the best of iner: On the besis of e end manner stete	my knowledg exeminetion er ed.	e, deeth ond/or inve	occurred et the the stigetion, in my o	me, dete end plece, opinion, deeth occur	end due to the red at the time,	ceuse(s) end manner dete end plece, and o	res stated. due to the ceuse(s)
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L	0)		30. Name and address of person who o	ompleted cause of det			rint)	4		0	-110
	1						Huy. C	LEV BUR	WIE !	110 2106	/
	Sta Registr		31. Dete filed (Month, Dey, Year) MAR 2.7 1998	BONG 32. Registrer	's Signature	ndell			,		



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** Dorothy Francis Keen 1998 March 24 9:30 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner 7103 Dunshire Way Dundalk Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 XF Months 090-22-1489 69 Director Jan 29 1929 New York Usual Residence of Decedent Pages 1 end 2 should be filled within 72 hours efter death with the Marylend nent of health and Mental Hygiens. Intent of health and Mental Hygiens. Int: If fem 27 is marked other than "neturel", or items 23s or 28s-f show ury or other traumatic event, the Medical Examiner must be notified at 10c. City, Town or Location 10a. State 10b. County 10d. Insida City Limits 1 ☐ Yes 2 No Directo MD Baltimore Dundalk 10e. Streel and Number 10f. Zip Code 10g. Citizen of What Country? 7103 Dunshire Way 21222 USA Funeral 12. Was Decedan∣ Evar in U,S. Armed Forces? 1 ⊡ Yes ≥2 No If Yes, Give Yaar or Dates: Was Decedeni of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Raca - Amarican Indian. 11. Marital Status Black, White, etc. 1 Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by White 3X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Housewife Own Home 18. Mother's Name (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Be Norman Moyer Margaret O'Brien 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Patricia Krym /daughter 113 Winterberry Drive Forest, VA 24551 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Mar 27 1 Burial 2 Cremation 3 Removal from State Metro Crematory 1998 4 ☐ Donation 5 ☐ Other (Specify) Catonsville, MD 22. Name and Address of Facility
Connelly Funeral Home of Dundalk 21. Signatura of Funeral Service Licensea 7110 Sollers Point Rd
Do not enter the mode of dying, such as cardiac or respiratory en 6 21222 23a. Part 1. Enter the displan, or complications that caused the deal shock, or heart failule. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting In death) /Medical of Examiner Due to (or as a consequence of) Examiner physician end s the burial-transit The law requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): ettending pl signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 3 Probably 4 Unknown 1 | Yes 2 | No by 24b. Were autopsy findings aveilable prior to completion of cause of daath? Completed 24a. Was en autopsy performed? 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one)

s certificate has b director, paga 2 s Hospital or Attending Physician: '24 hours efter deeth.' Funeral Director: After this certifica director funeral

Be 2 Certification: in by

within 24 hours off To the Funeral Di completely filled in Medical To the Vithin 2 4

State

Registrar

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifie 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and dua to the cause(s) and manner es stated.

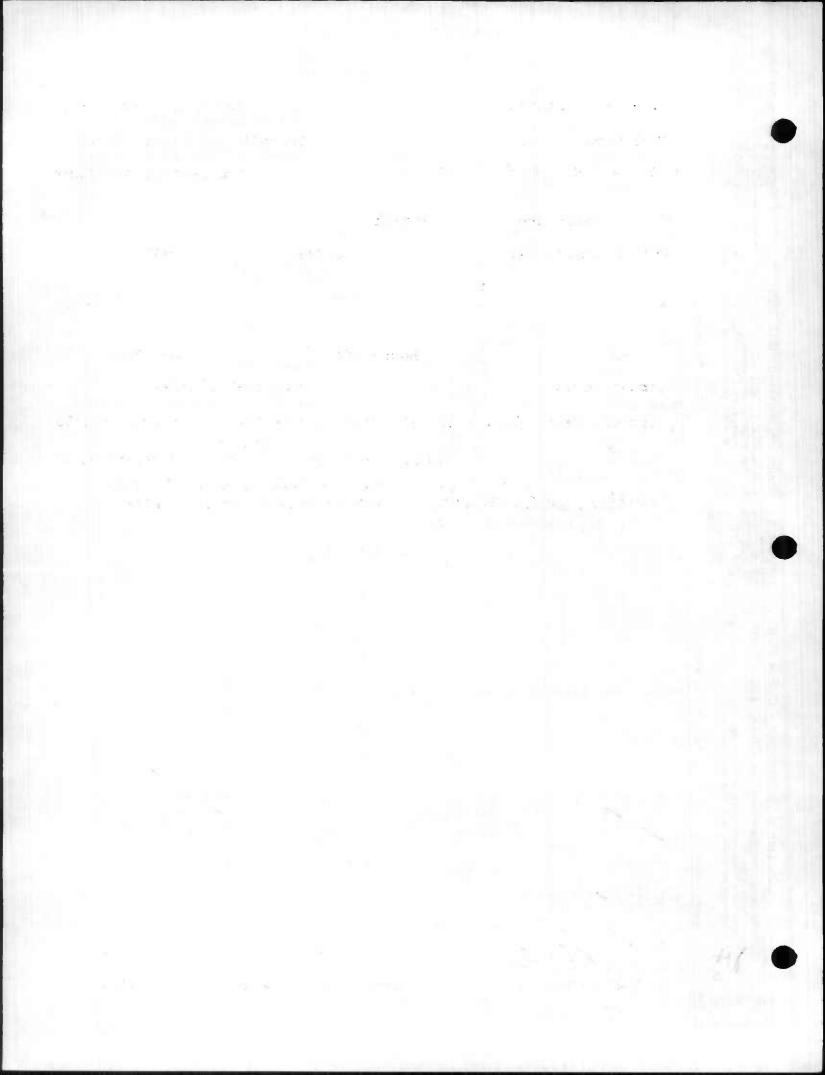
(Check only one) 2 Madical Examinar: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and Itie of certific 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Mohammad Rahnama, M.D. 17 Fontana Lane Baltimore, MD 21237

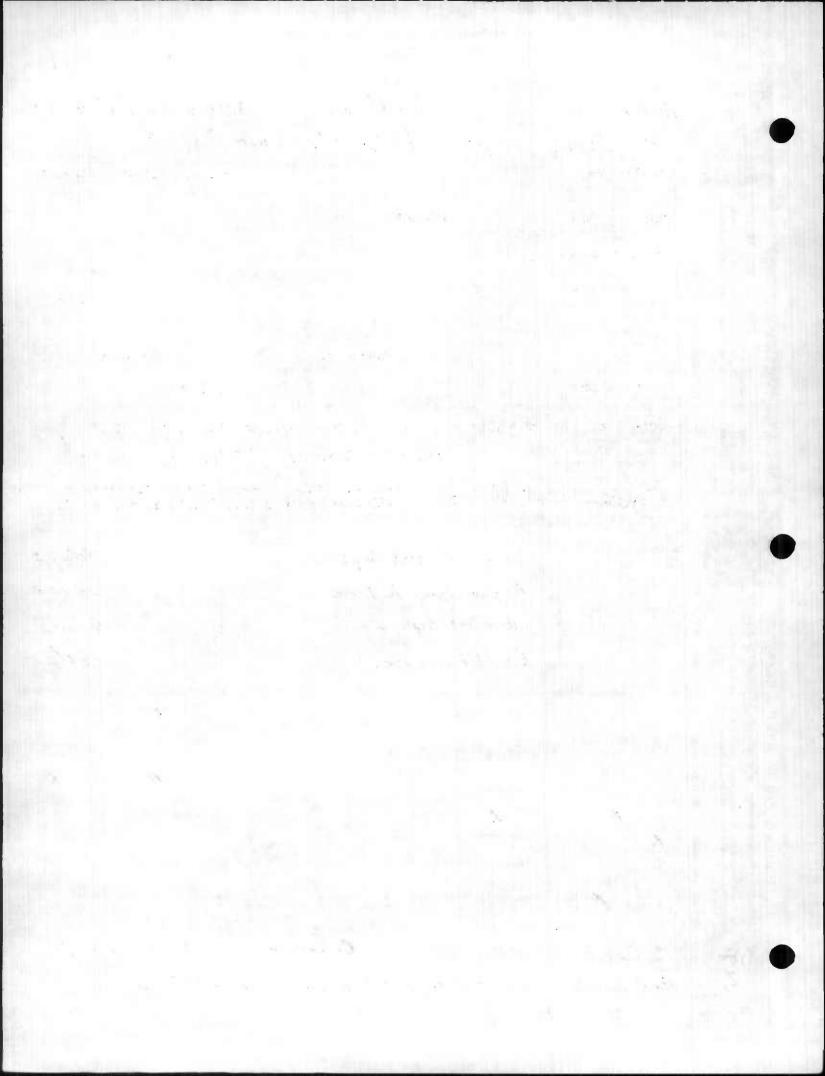
31. Date filed (Month, Day, Year) MAR 27 1998





State of Maryland / Department of Health and Mental Hygiene 8 19557

			Certifica	ite of Death		Reg. No.	03337
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Medical xaminer	4e Facility Nema (If not institution, give	Hopkin	s Hospin	tal BAltim	wre Cit	4c. County N/A	of Death
neral ector	5. Social Security Number 8. S 236–24–6748 1 Usual Rasidanca of Decedant		s. last birthday) 1f Und Month	ler 1 Year If Undar 24 Hrs s Days Hours Min	. (Month, De	th ly, Year) 1, 1924	9. Birthplaca (Stata or For Country) Vest Virginia
H L	10a. Stata 10b. County		City, Town or Location				10d. Insida City Lin
ector	Md. N/A	Ba	ltimore				}
funeral Director	10e. Street and Number 1313 W. Pratt S	t.	10f. 2	Zip Coda 21223		10g. Citizen of V	
p A	11. Marital Status 1 Nevar Marriad 2 Married 3 XXXVidowed 4 Divorced	12. Wes Decedant Ever In Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Detas:		cedant of Hispanic Origin? (coeffy Cuban, Maxican, Pue 2XI No Specify:	Specify Yas or Norto Rican, atc.)	9- 14. Reca Blec Specify	e - American Indian, k, Whita, atc. White
rt, the Medical	15. Decedant's Ed (Specify only highast gra Elementery/Secondery (0-12)		16a. Decedant's Us (Give kind of I lifa. DO NOT	work dona during most of wo use ratired)	orking	16b. Kind of Bu	
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	George Allen				ie B. Bo		
To E	19a. Informent's Name/Ralationship (Type, Print)	19b. Mailing Addre	ess (Street and Number or F			Stata, Zip Coda)
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se es the bunal-transit Medicai Examiner	Immadiate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in death) Last	· URINCITY	(or as a consequence of SCPS 2S (or as a consequence of				1 days 22 day 6days
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0 0	1 ☐ Yas 2 Ø No 27. Manner of Death		□ ER/Outpatient 3□ 28b. Time of			idanca 8 Doth	
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complately filled in by tha f	29a. Cartifier (Check only one) 1 Cartifying Physics Cartifying Physi	yaician: To tha bast of my ki ilnar: On tha basis of exami and mannar stated.	nowladga, death occurre nation and/or Investigati	ed at tha tima, data and place on, in my opinion, daeth occ	ca, and dua to the curred et the tima	causa(s) and ma , data and placa,	inner as stated. and due to tha cause(s)
Me	29b. Signatura end titla of cartifier			9c. Licansa number			d (Month, Dey, Year)
A	30. Nama and addrass of person who	completed cause of death (III	om 23e) /Tuna Print)	les-coo Bultimare, 1		Manch	22,1998
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Dey Month Year 25, 1998 March 4b. City. Town, or Location of Death 4c. County of Death

Physician 12:30 pm Raymond Paul Love /Medical 4a Facility Name (If not institution, give street and number) Examiner Anne Arundel 700 Sydney Terrace Annapolis If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Hours Months Deys 10 M 2 F 73 Director May 25, 1924 579-24-8793 Pennsylvania Usual Residence of Deceden with the Marylend 10a. State 10c, City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Manylen nent of Health end Mental Hygiena. Int. If Item 27 is marked other than "natural", or frame 23a or 28a-1 show ary or other traumatic event, the Medical Examinat must be notified at 10b. County 1 XYes 2 No Directo MD Anne Arundel Annapolis 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21401 USA 700 Sydney Terrace Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 12. Was Decedent Ever in U,S. Armed Forces? Black, White, etc. 1 ☐ Yes XXNo If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: White Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Accounting 12 Accountant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Clara Reidy Hebb Raymond Love 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2830 South Haven Drive, Annapolis, MD 21401 Michael R. Love - Son 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cremation 3 Removal from State Department of Important: If any injury or Lakemont Memorial Garden 3/30 Davidsonville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Hardesty Funeral Home, P.A.

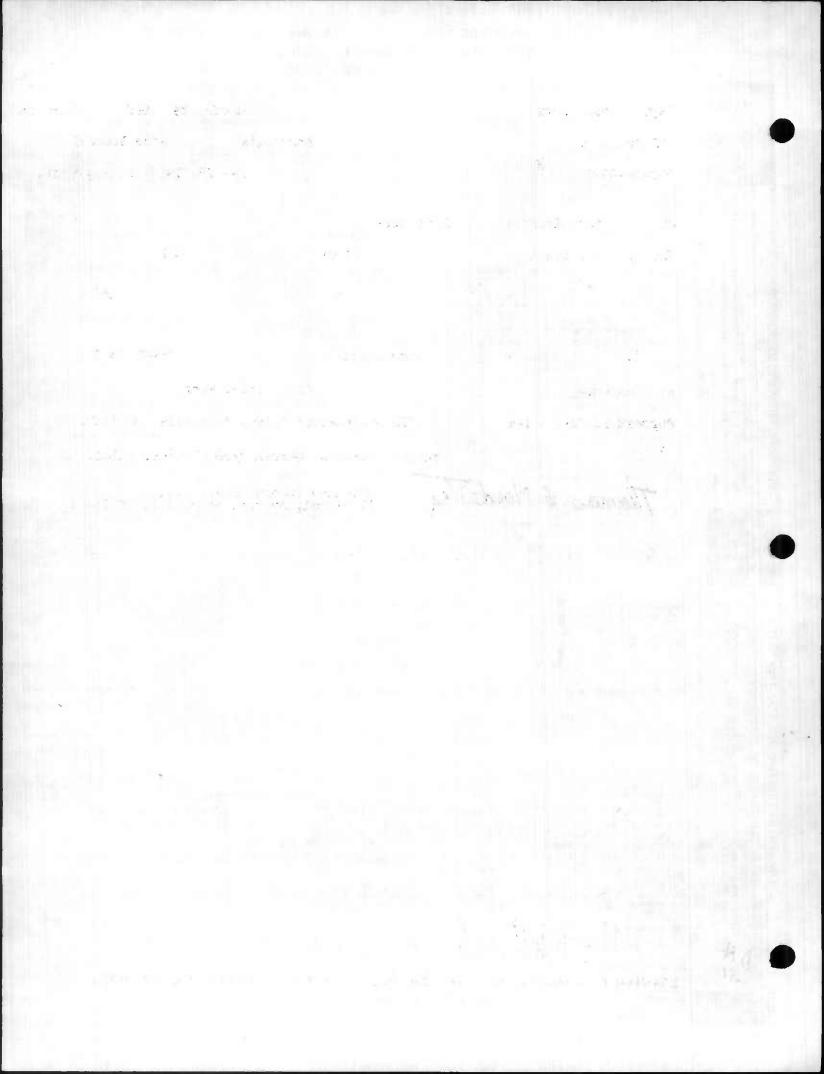
12 Ridgely Avenue, Annapolis, MD 21401

23a. Pant. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cardiec or respiretory errest.

Approximately 1.2 Annapolis and 1.2 Approximate Interval Between Onset and Deeth **Physician** MOSTATE /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner that the death certificate be executed physician and s the buriel-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of) 98 esn 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be detached 0 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 2 Unknown Records, þ 24b. Were autopsy findings evelleble prior to completion of cause of death? Completed 24a. Was an autopsy has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: efter death. Director: After this certifica director Be 25. Was case referred to medical 26. Place of Deeth (Check only one) 2 1 Yes ZNO 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: Neture 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be To the Hospital or Atte within 24 hours efter de To the Funeral Directo completaly filled in by th 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as stated. 29a. Certifier Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and fittle of certifie 29d. Date signed (Month, Day, Year) 29c. License number 11800 DH 30. Name and address of person who completed cause of deeth (Item 23e) (Typę, Print) 30 900 Besteate Rd. #300 Anna Rolls, Md. 21401 STANLEY P. WORKINS, MD 31. Date filed (Month, Dey, Year)
MAR 2 7 1998 32 Hogistyrs Stynamic Randall State

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) MARCH Dimitra Mentis Lines 4b. City. Town, or Location of Dealh 4c. County of Death 4a Facility Neme (If not institution, give street and number) Lorien Nursing Home Belcamp, Md. (Riverside) Belcamp 5. Sociel Security Number 7. Age (In yrs. last birthday) Date of Birth Birthplace (State or Foreign Country) 1 M 2 X F Months Days 92 240-42-4394 Oct.26,1905 Arahova, Greece Usual Residence of Decedent 10d. fnside City Limits 10a Stete 10b. County 10c. City. Town or Location 1 ☐ Yes 2 🕅 No Maryland Harford Edgewood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21040 1486 Harford Square Drive Greece 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 N No If Yes, Give Year or Dates: 14. Race - American Indian. Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Black, While, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 6th. n/a Housewife Homemaker 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Athanasios Dimas Panayiota (unknown) 19a, Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Hagy 1486 Harford Square Drive Edgewood, Md. 21040 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Anderson, S.C. 3/28/98 Anderson, South Carolina 21. Signature of Funeral Service License 22. Name end Address of Fecility E. F. Lassahn Funeral Home assawi 11750 Belair Road Kingsville, Maryland 21087 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) IRATION PNEUMONIA DEMENTIA Due to (or as a consequence of): EREBRAL VASCULAR DISEASE Due to (or as a consequence of 23b. Did tobacco use contributs to the causs of death? 2 No

Physician /Medical Examiner

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7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Modical Examinat must be notified at

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "n any Injury or other traumatic event.

Maryland 21215-0020

Division of Vital Records, P.O.

Smith

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last

Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings evailable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

25. Was cese referred to medicel examiner? 1 ☐ Yes 2

> 28a. Date of Injury (Month, Day Year) 5 Pending investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Other: Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

3 Suicide 4 | Homicide

29a. Certifier

27. Manper of Deeth

2 Accident

Natural

6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29b. Siemmu

31. Date filed (Month, Day, Year

MAR 27 1998

29d. Date signed (Month, Day, Year) 29c. License number

26. Place of Death (Check only one)

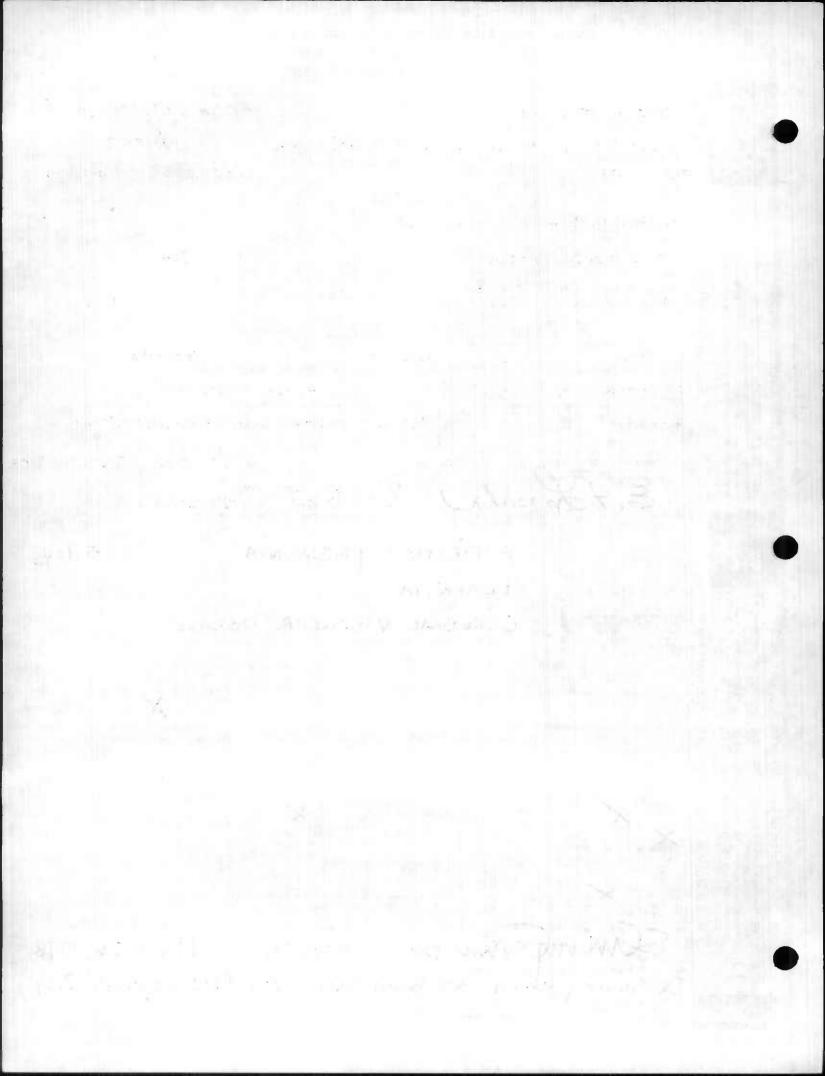
March 26, 1998

30. Name and address of person who co npleted cause of deeth (Item 23e) (Type, Print) 1308 Business Center Way DR. Stanley

#102 Edgewood 21040

State Registrar

32. Begistrar's Signature La Lydson-Handell



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death **Physician** Month FRANK G. LORDEMAN MARCH 24, 1998 10:25 Pm /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. | 8, Data of Birth (Month, Day, Year) 5. Sociel Sacurity Number **Funeral** Birthpleca (Stata or Foraign Country) Days 1X M 2□ F Yrs 217-07-1646 Director SEPT 4,1919 MARYLAND Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Med call Examinar must be notified at 10d. Insida City Limits Director 1 Yes 2 No MD CARROLL WESTMINSTER 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 30 LOCUST STREET - APT-105 21157 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 M Yas 2 □ No If Yas, Give Yaar or Datas: WW I Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. should be filed within 72 hours after on Mentel Hygiene.

marked other than "natural", or iter 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE þ 3 □ Widowed 4 □ Divorced WW II Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) 12TH GRADE SALESMAN MEAT MANUFACTURER 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Melden Surnama) . Pages 1 end 2 should be fill ment of Health end Mentel Hant: If item 27 is marked oth jury or other traumatic even FRANK G. LORDEMAN ANNIE G. GORSTMEYER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) JUNE HARTZELL (NIECE) 2810 HOFFMAN AVENUE - BALTIMORE, MD 20a. Mathod of Disposition 20b. Pleca of Disposition (Neme of camatary, cramatory or other placa) 20c. Location - City or Town, Stata Data DE Burial 2 Cremetion 3 Ramoval from Stata permit. Page Department of Important: If any Injury or once. MEADOWRIDGE MEMORIAL PARK 3/27/98 ELKRIDGE, MD. 4 Donation 5 Other (Specify) 21. Signature of Funeral Solvice Licensee 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Per 1. Entar the Aseasa, or complications that caused the shock, or haart failure. List only one cause on each fig. Approximate Interval Batween **Physician** /Medical Immediata Causa (Final epsis disaase or condition resulting in death) Examiner Due to (or as a consequence of): Examiner neumonia physician end the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequenca of) Physician/Medicai Dua to (or es e consequance of) been signed by the e should be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown Metabolic Acidosia þ Be Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to complation of cause of deeth? 1 Yas 2 No this certificate 1 ☐ Yes 2 ☐ No. 25. Was casa raferred to medical 28. Pleca of Death (Chack only one) edicai Certification: To 1 Yas 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Watural 5 Panding 1 ☐ Yes 2 ☐ No 2 Accident invastigation ofter deet Director: 6 Could not ba 3 Suicida 28f. Location (Street and Number or Rurei Routa Numbar, City or Town, State) 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) in by 4 Homicida To the Hospital or within 24 hours eft To the Funeral Di completely filled in 1 Certifying Phyalclan: To tha best of my knowledga, death occurred et tha tima, data and placa, and due to the ceuse(s) end mannar as stated.
2 Medical Examinar: On tha bests of axamination end/or invastigation, in my opinion, death occurred at tha tima, data and place, end due to the causa(s) and manner stated. 29a, Cartifian (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature end titla of certifiar 29c. Licansa number , m.D. D0052479 March, 24, 1998

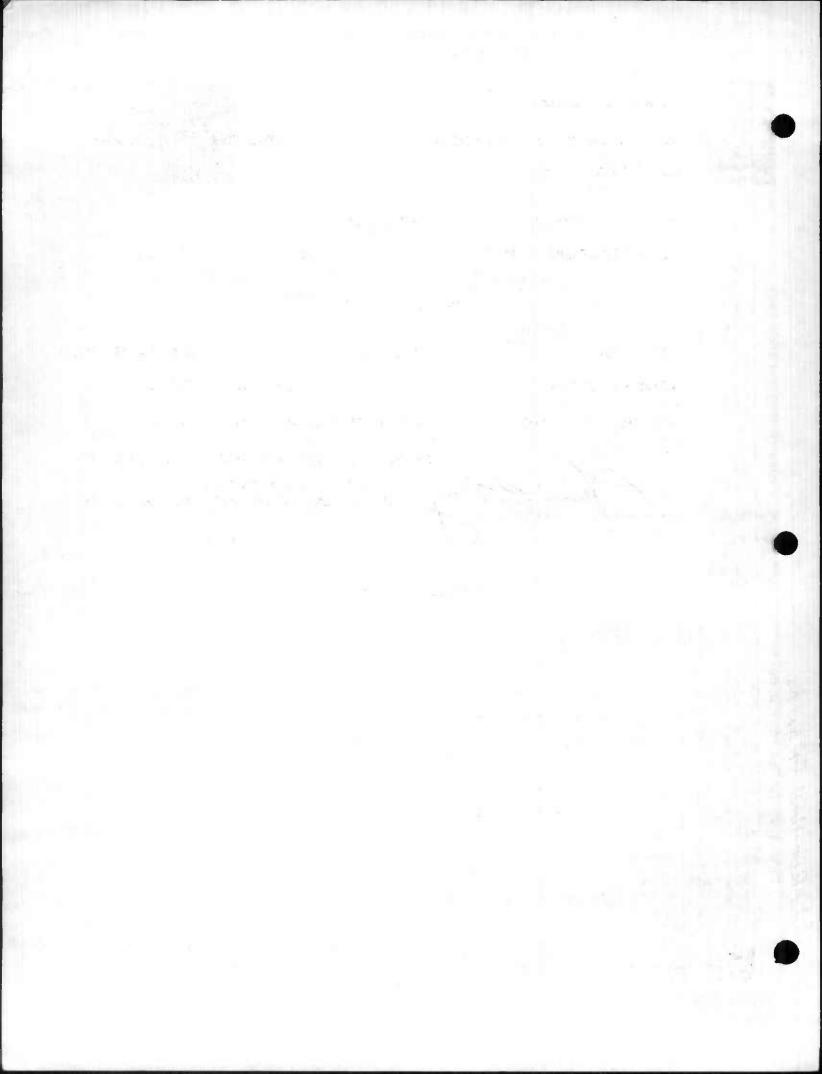
Registrar

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Avenue, Westminster, MD 2 1157 31. Date filed (Month, Day, Year) 32. Registrar's Signatura June Havidson-Mandalle MAR 27 1998

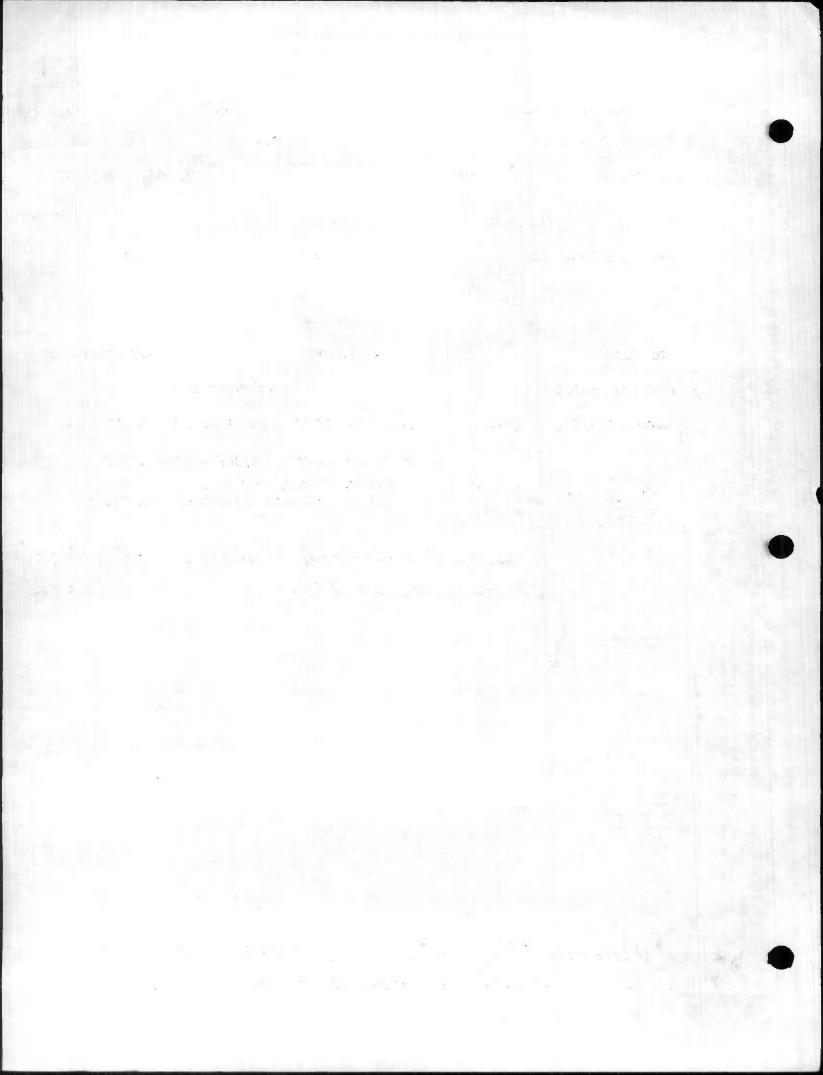
MemoRial

30. Name and addrass of person who complated causa of death (Item 23e) (Type, Print) LISA KiM, M. D.

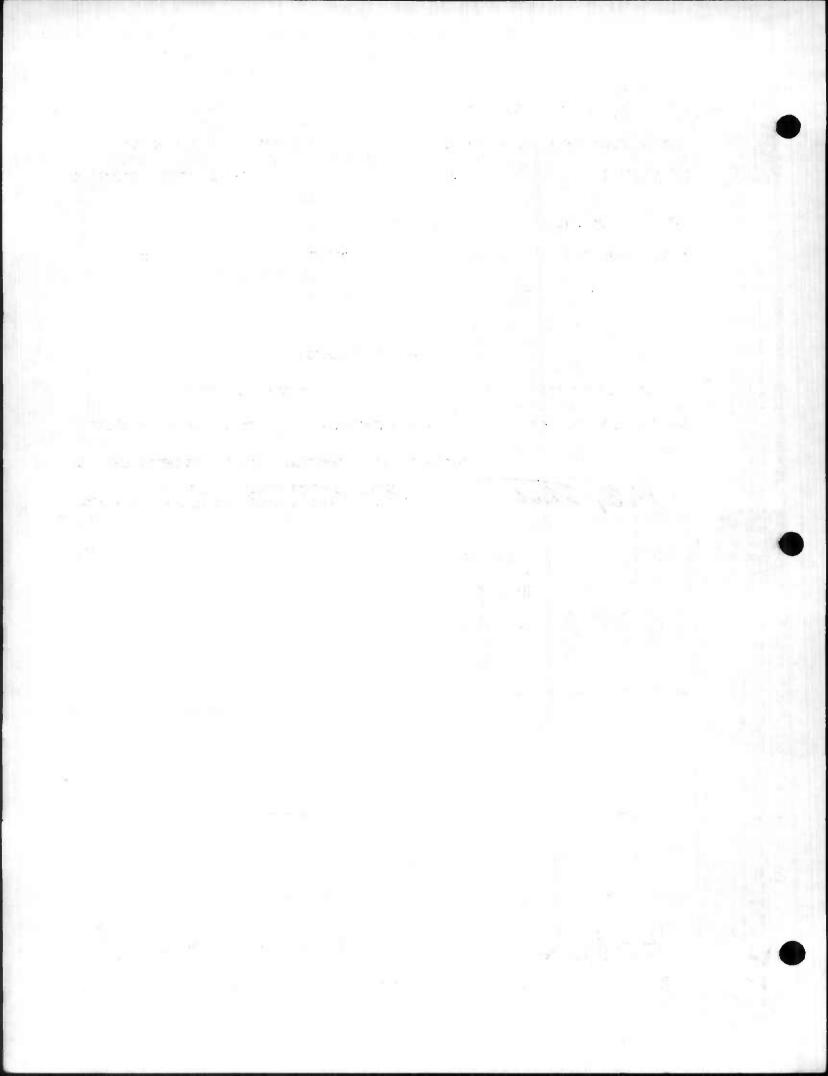


State of Maryland / Department of Health and Mental Hygiene

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	/ /Medical	ELEANOR E. LAM	BIASI					MARCH	24,		7:00 P.M
	Examiner	4a Facility Nama (If not institution, go)		4b. City, Town,			4c. County	of Death	
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	within 2 To the compla	29b. Signatura and titla of certifier				29c. Licens	se number		29d. Deta signe	d (Month, L	Day, Year)
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6	O.X	DR. A. BRADLEY I				S AVE	NUE - AR	BUTUS. MI	D 2122	7	
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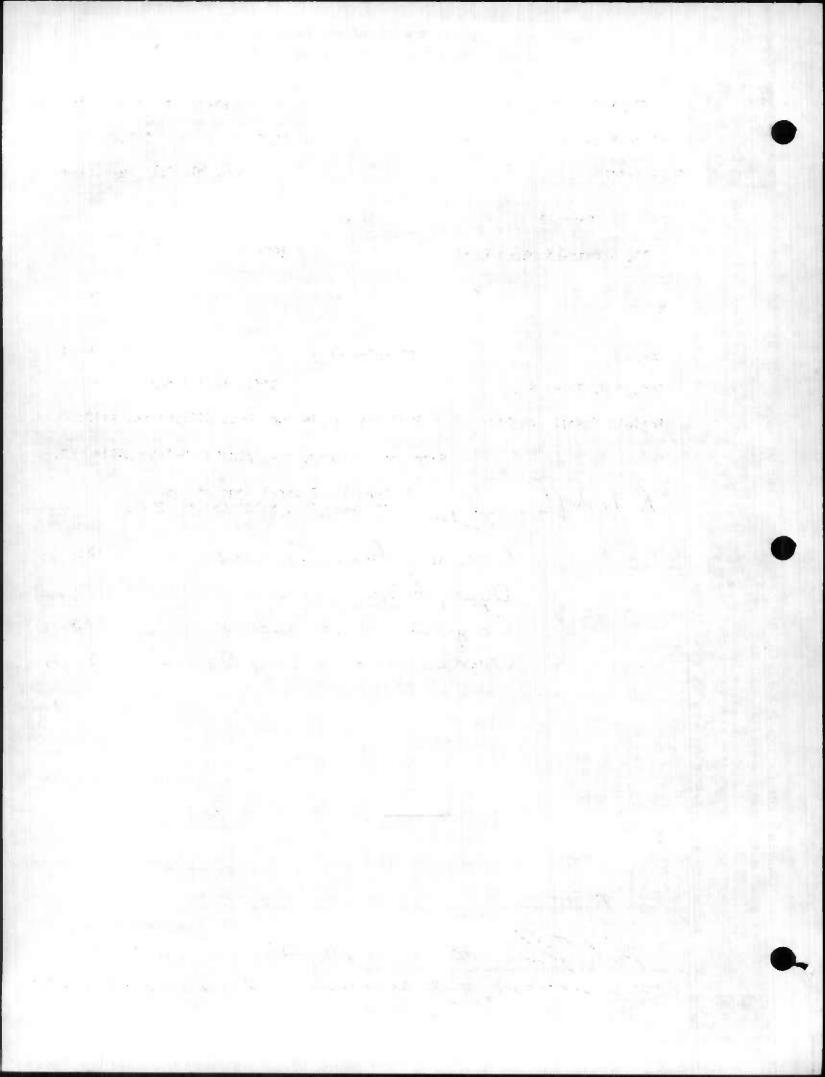


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Funerai	Н	HOWARD COUNTY G 5. Social Security Number 6	Sex 7. Aga (In)	AL vrs. last birthday	/) If Unde	or 1 Year Days	COLUMB If Under 24 Hrs Hours Min	8. Date of B	irth	WARD 9. Birthplaca	(State or Foreig
Director		218-01-7634 Usuel Residence of Decedent		33 Yrs.		Days	Hours Mill	FEB 18			
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permit. Pege Department of Important: If any Injury or once.		21. Signatury of Funaral Service Lic	Marke	S	TERLI1	NG AS	ss of Facility SHTON FUI SON AVENU				0
bhyse diagrams the death certificate be associated by the ettending physician and hould be detached for use as the burial-transit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	b. Perenting Due to C. Denenting Due to	O (or as a conse O (or as a conse	equence of):	:				ivi m gr	es with
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14		30. Name and address of person who	completed cause of death /	tem 23e) /Tune	Print)	1) -	-3486 PL	ઇ	March	25,155	8
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State of Maryland / Department of Health and Mental Hygiene 98 09563

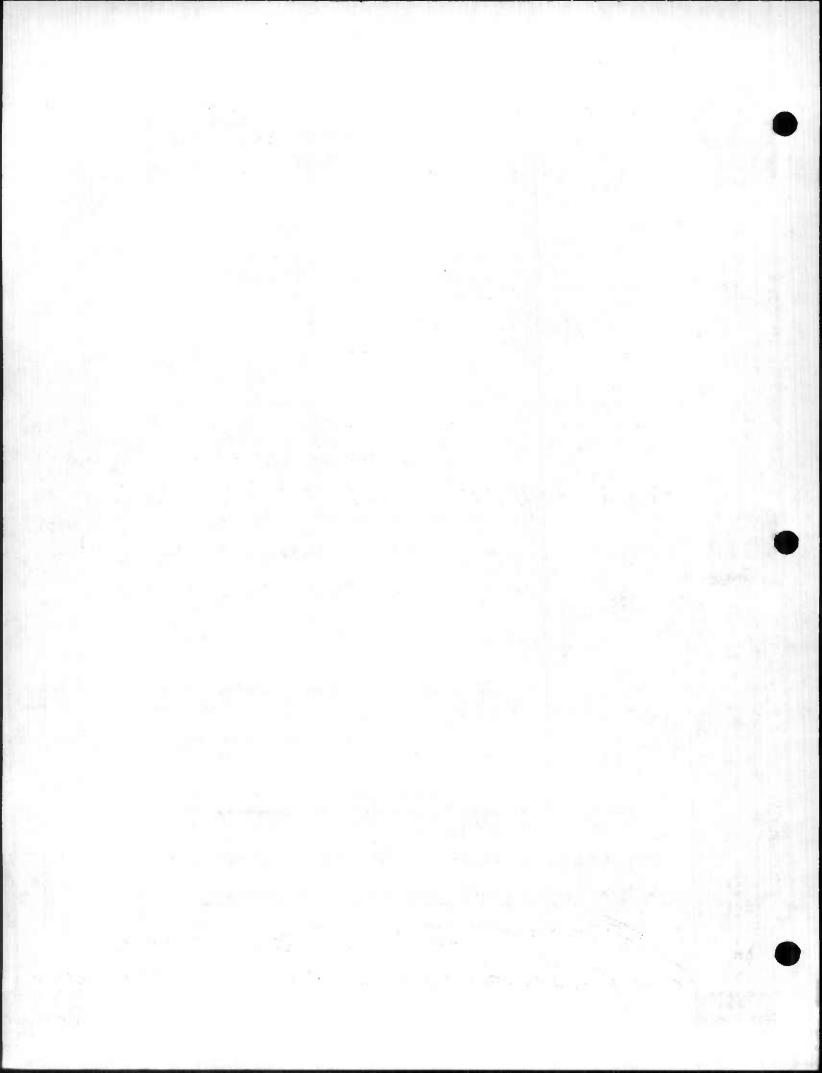
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	Decedent's Name (First, Middle, Last)	2. Dete of Deeth Month Day	3. Time of Deeth				
Physician /Medical	ELEANOR C. MARTINS	MARCH 17	1998 3:30 am				
Examiner	4e Facility Neme (If not institution, give street end number) 4032 Alesia - Lineboro Road	b. City, Town, or Location of Deeth 4c. Co	CARROLL				
Funeral Director	5. Social Security Number 6. Sex 1 Months 1 Mont	if Under 24 Hrs. 8. Dete of Birth Hours Min. Jan. 20, 1922	9. Birthplece (State or Foreig Country) Maryland				
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Ir. or he by Fu	th Yes, Give 1 ☐ Yes 2 1 No Yeer or Dates:	n, Mexicen, Puerto Rican, etc.)	Race - American Indian, Bleck, White, etc. pecify: White				
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27 is marked traumatic traumatic	19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street et	and Number or Rural Route Number, City or Tineboro Road Millers					
Department of Health and Mantal Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic avent, the Motice. To Be Comp	20e. Method of Disposition 1 Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cametery, cremetory or other place) GarrisonForestCel	e)	gs Mills MD.				
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ate has been signed by the attand, page 2 should be datached for us		24e. Wes en eutopsy performed?	24b. Were autopsy findings aveilable prior to completion of ceuse of deeth?				
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within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attanding physician end completely filled in by the funeral director, page 2 should be datached for use as the burial-transi Medical Certification: To Be Completed by Physician/Medical Exami	27. Manner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury 28b. Time of 10 Neturel 5 Pending (Month, Dey Year) Injury Work	Yes 2 □ No					
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within 24 hours To the Funeral completely filled Medical C	29a. Certifier (Check only one) 1 Certifying Phyelclan: To the best of my knowledge, deeth occurred et the tim (Check only one) 1 Medical Examiner: On the basis of examinetion end/or investigetion, in my open on menner steled.	ne, dete end place, end due to the ceuse(s) en plnion, deeth occurred at the time, date end p	nd manner as stated. lece, and due to the ceuse(s)				
ro the comp	29b. Signature and title of certifier 29c. License	e number 29d. Dete	signed (Month, Dey, Year)				
<i>></i> - 0	b BINISH mn ny	0223 3	-19-98				
	30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Rebecce Greetee MD 4231 North Woon	ds Truil Aungstea	Ino 21024				
State	or. Doto mod (month), Day, Your	- 1 carysted					
Registrar	MAR 27 1998 Julia Devideon - Mandall						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 1998 1:35 P.M. March Florence C. Maurer /Medicai 4e. Fscility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore N/A 3917 Parkside Drive | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Pay, Year) | Jan. 19, 1932 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funerai** 1□ M 2X F Vrs 213-28-9576 66 Director Maruland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ? is marked other than "natural", or itams 23a or 28a-f shov traumatic event, the Magical Examinar must be notified as Yes 2□ No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3917 Parkside Drive 21206 U. S. A. Funera 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: Name Raca - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 end 2 should be filed within 72 hours after c Depertment of Health end Mental Hygiena. Important: If Itam 27 is marked other than "natural", or Itar any injury or other traumatic event, the Manical Evans 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th Grade Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Bert Scales Emma Huber 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Philip J. Maurer Sr. (Husband) 3917 Parkside Drive, Baltimore, Maryland 21206 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Most Holy Redeemer 3/28/98 Baltimore, Maryland 21. Signature of Funeral Service License 22. Name end Address of Facility Schumuner Funeral Home Inc. 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** · MYECROPIEN INFARCTION /Medical Immediate Ceuse (Flnai disease or condition resulting in death) Examiner Examiner I or Attending Physician: The law requires that the death certificate be executed effect death.

Director: After this certificate has been signed by the attending physician and in by the invest director, page 2 should be deteched for uses as the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760. Completed by Physician/Medical Due to (or as a consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown OVSTRUCTURE Pulmorde 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? 20Ro 1 Yes 300 1 Yes 25. Wes case referred to medicat examiner? Be 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 CRo Certification: To 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred 28a. Date of Injury (Month, Dey Year) 28b. Time of 5 Pending investigation 12SWatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Hospital 24 hours e 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the I within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) H ype, Print)
3440 BELAIN FU MOTO REP . Name and address of person who completed cause of deeth (ttern 23a) (Type, Print) 5 GAMBON 32. Registrar's Signature State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Month Day 1998 10:00 am William H. Morgan, Sr. March 26 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) N/A Baltimore 1538 Burnwood Road If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Under 1 Year 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1 X M 2 ☐ F Months Days 77 Yrs 219-07-2858 May 21, 1920 Maryland Usual Rasidance of Decedant 10e Stata 10b. County 10c. City. Town or Location 10d. fnsida Cltv Limits N/A Baltimore Maryland 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21239 United States 1538 Burnwood Road 12. Was Decedant Evar in U,S. Armed Forcas? 1 DYAs 2 □ No If Yas, Giva Yaar or Datas: WW II Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, 11 Marital Status Black, Whita, atc 1 Navar Marriad 2 Married 1 Yas 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation 16b. Kind of Bustness/Industry 15. Decedent's Education (Specify only highast grada completed) (Giva kind of work dona during most of working life. DO NOT usa retired) Elemantary/Secondary (0-12) Coltega (1-4or 5+) Steel Production Millwright Foreman 12 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Christina Louis Mack Albert Wagner 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Mr. William H. Morgan, Jr./Son 1538 Burnwood Road Baltimore, Maryland 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 \$\ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Most Holy Redeemer Cem. 3/30/98 Baltimore, Maryland 21. Signatura of Funerat Sarvice Licensee Mark T. Zavoyna 22. Name and Address of Facility Leonard J. Ruck, Inc. marke T. Zavogra 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Immadiata Causa (Final disaasa or condition rasulting in daath) Severe COPD Year S Dua to (or as a consequence of) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury Dua to (or as a consequence of): that initiated evants rasulting in death) Last Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting to the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown HTN 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yas 2 No 1 TYas 2 No

Physician /Medical **Examiner**

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Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hyglene.

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Baltimore, Maryland 21215-0020

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Division of Vital Records, P.O. Box 66786

Attanding Physician: death. after deat Director: in 24 hou... the Funeral Direction by ò Hospital 24 hours a To the Hosp within 24 ho To the Fune completely fi

State Registrar 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa Rasidance 6 Othar (Specify) 1 Yas 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28b. Time of 27. Mannar of Death 28c. Injury at Work? 5 Panding invastigation Natural 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 29a. Cartifian Decrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signatura and titta of certifier 29c. Licansa numbar

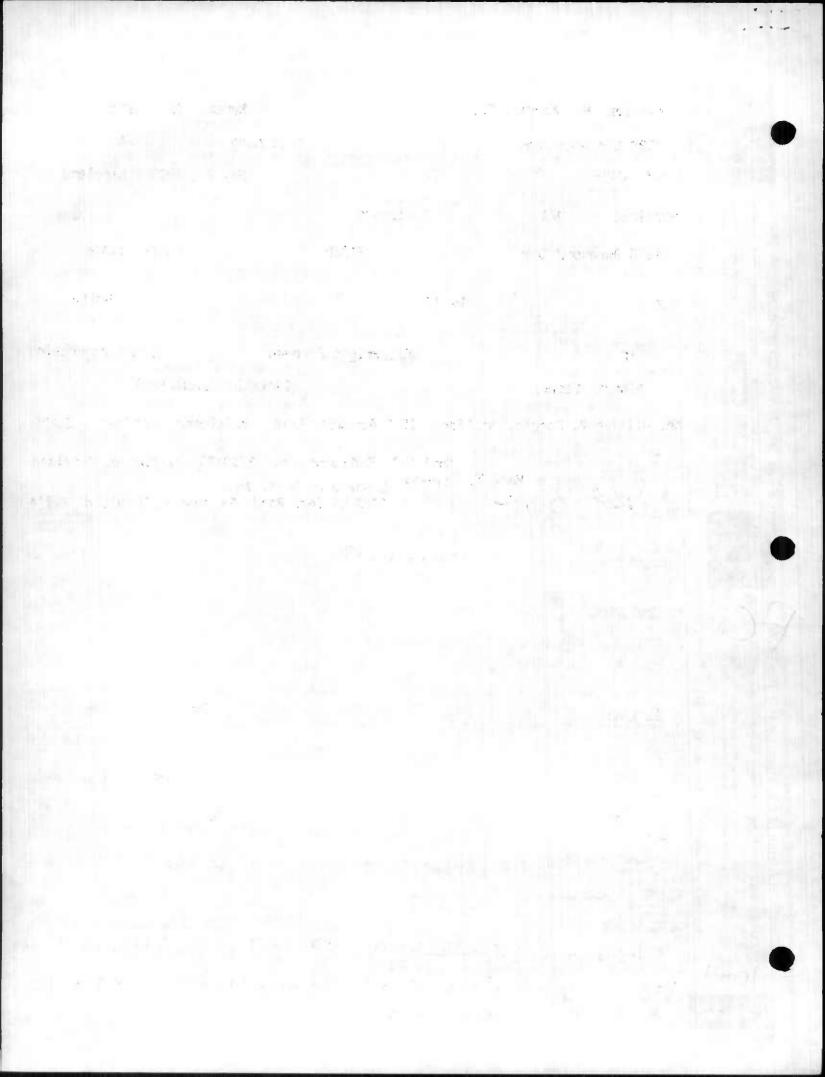
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30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

och Raven Blud Balto MS 21239 Candma Howard Free 5601 31. Data filed (Month, Day, Year)
HAR 27 1998

32. Registrar's Signatura ha Davidson-Randell



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month BERNADINE McKINNON HELEN 8.05pm 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street and number) 4c. County of Death JEN BURNIE ARUNDER 8. Date of Birth (Month, Day, Year) JAN. 19, 1 If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Months Hours 1□ M 2☑ F 59 Days 1939SYRACRUSE, N.Y. 086-30-4415 Usual Residence of Decedent 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🗓 No GLEN BURNIE MARYLAND ANNE ARUNDEL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21061 606 ASHINGTON ROAD U.S.A. 12. Wes Deceden! Ever in U,S. Armed Forces? 1 ☐ Yes 25 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Merital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married WHITE 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWN HOME 10 N/A HOMEMAKER 17. Fether's Name (First, Middle, Last) 18 Mother's Name (First Middle, Maiden Surname) RETHA MAE (UNKNOWN) BERNARD WELCHER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) GLEN BURNIE, MARYLAND 21061 606 ASHINGTON ROAD DAVID McKINNON-HUSBAND 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 → Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/28/98 GLEN BURNIE, MARYLAND CEDAR HILL CEMETERY 21. Signature of Funeral Service License 22. Name end Address of Facility SINGLETON FUNERAL HOME, P.A. GLEN BURNIE, MARYLAND 21061 1 SECOND AVENUE, S.W. 23a. Part. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, effects, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Respiratory Arrest Immediate Cause (Final disease or condition resulting in deeth) Enal Failure, Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated evenIs resulting in deeth) Last Due to (or es e consequence of): 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 Abo 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 2 No 25. Was cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ OOA 1 ☐ Yes 2 DM 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending

Physician /Medical Examiner

Physician

Examiner

Funeral

Director

7 is marked other than "natural", or frems 23s or 28s-f show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 end 2 should be filed within Department of Heelth and Mental Hygiene. Important: if item 27 ie merked other than '

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Certification:

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29a. Certifier

4 Homiclde

(Check only one)

29b. Signature and title of certifier

certificate director mis Athar

Division of Vital Records, P.O. I or Attending after death. To the Hospital within 24 hours a To the Funeral D

State Registrar

investigation

6 Could not be determined

29c. License number

12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

1 ☐ Yes

2 No

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 3-26-98

28f. Location (Street and Number or Rural Route Number, City or Town, State)

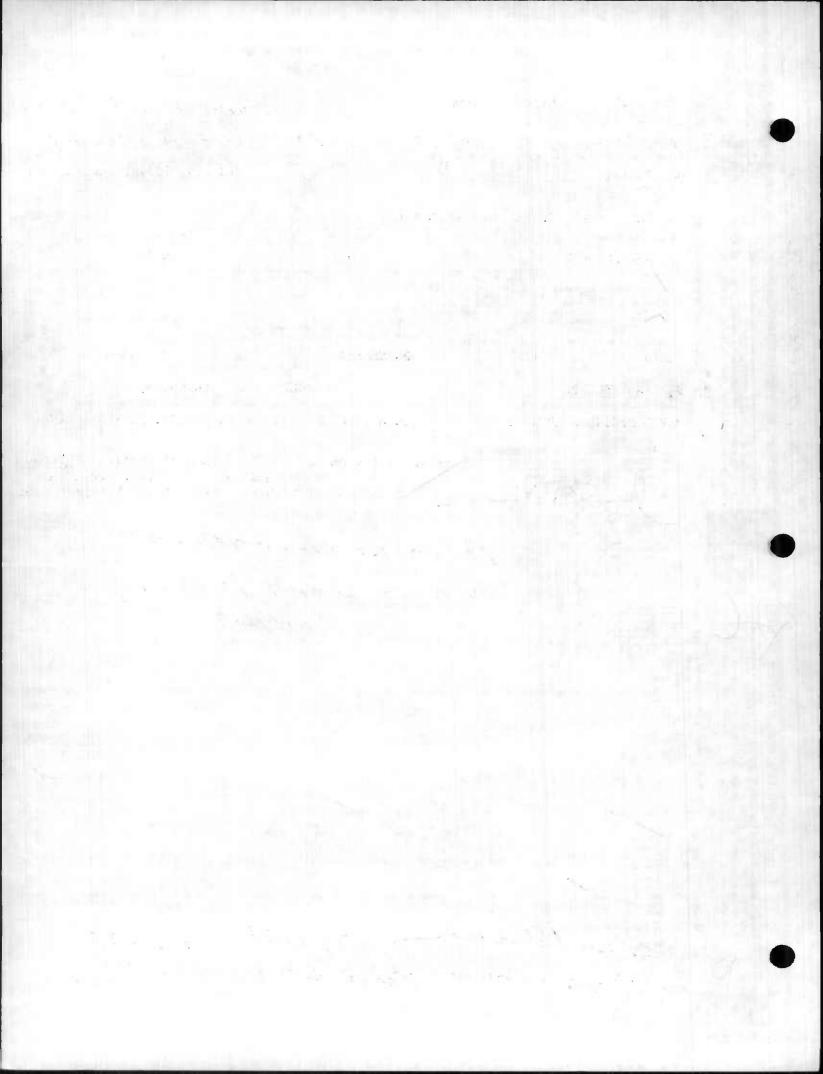
Glen Burnie, Md 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHERMAN 1000 DUARS Vload

31. Date filed (Month, Day, Year)

MAR 27 1998

32. Registrar's Signature whia Davidson Mandall

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)



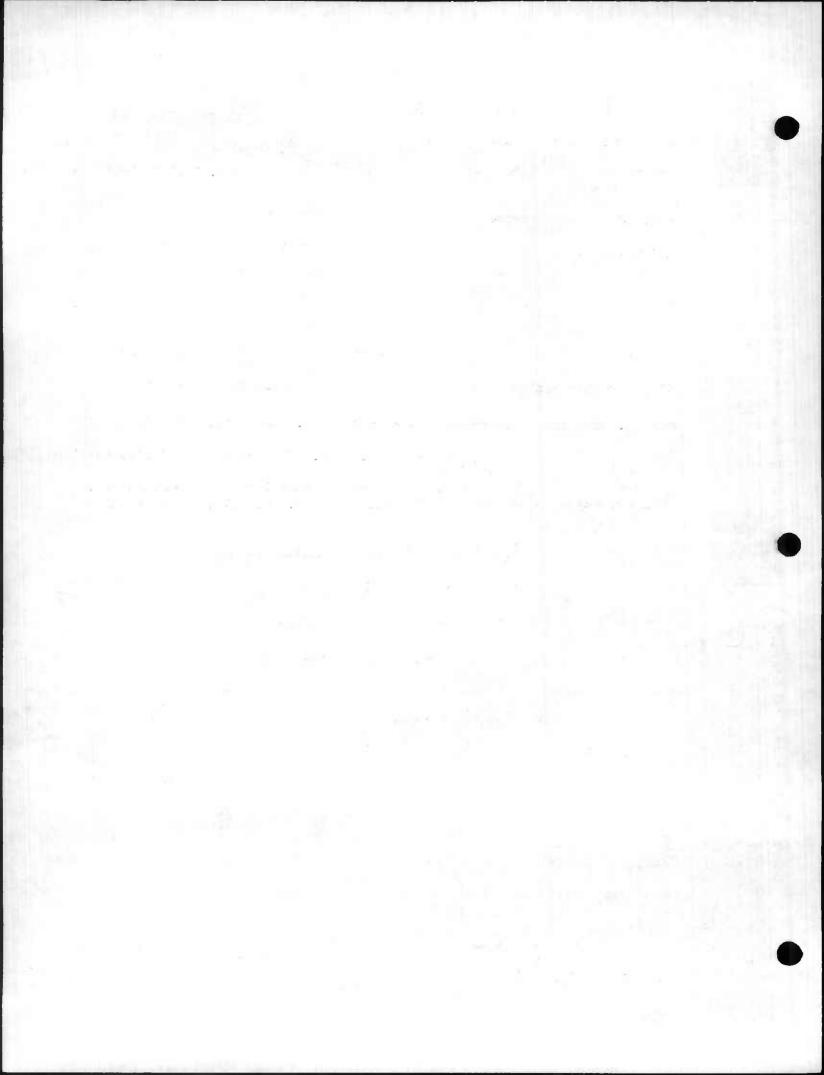
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death

important: if item 27 is marked other than "natural", or items 23a or 28a-1 show and important: if item 27 is marked other traumatic event, the Medical Example must be not the and included and include	250-28-3425 Usual Residence of Decedent 10a. State 10b. County	give street and number) i. Teward 6. Sex 1 M 2NF 8 Baltimore Road 12. Wes Decedent Armed Forces 1 Mes 2ND If Yes, Give Year or Dates: s Education grade completed) College (1-4or deced) Baxley ip (Type, Print) ers Daugh 3 Removal from State ecity) complications thet cause mily one pause on each in	ge (In yrs. las 37 10c. City, 1	13. Wa If Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If Under 1 Year Months Days 101. Zip Code s Decedent of the ses, specify Cub less, spe	If Under 24 Hrs Hours Min Edgemere 21219 Hispanic Origin? (San, Mexican, Puer Specify: Dation during most of word) 18. Mother's Na Mattic end Number or R Ave. Ede 25. 3/28 ass of Fecility Funeral Ave. D	specify Yes or Noto Rican, etc.)	Day 2-5 1 h 4c. County 13 4. h 4c. County 13 6. h 4c. County 14 8. h 1910 10g. Citizen of 1 United 14. Race Blace Specify 16b. Kind of Br. Own Ho. Maiden Sumer S Brigme er, City or Town, Maryland 20c. Location Bel A. Dundal: Maryland	9. Birthplace (State or Fon South) Caroli 10d. Inside City Lim 1 Ves 2 Ment Country? States 2e - American indian, ck, White, etc. White usiness/Industry Ome ne) an State, Zip Code) d 21219 City or Town, State ir, Maryland k, Inc. d 21222 Approximate
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Important: if item 27 is marked other than "natural", or items 23a or 28s-1 show and any injury or other traumatic event, the Medical Exercises must be notified any once. To Be Completed by Funeral Director	5. Social Security Number 250-28-3425 Usual Residence of Decedent 10a. State 10b. County Maryland 10e. Street and Number 3208 Whiteway R 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementery/Secondery (0-12) 6 Years 17. Fether's Name (First, Middle, La Willie Preston 19a. Informent's Name/Relationship Doris M. Saunde 20a. Method of Disposition 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify Specify Spe	Baltimore Road 12. Wes Decedent Armed Forces? 1 Yes Sive Year or Dates: Set Education grade completed) College (1-4or: Baxley ip (Type, Print) ers Daugh 3 Removal from State ecity) complications thet cause inly one pause on each lie.	ge (In yrs. las 37 10c. City, 1 Ever in U,S. Sto 20b. Pleac cem Be 1 d the death. line.	13. Wa If Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If Under 1 Year Months Days 101. Zip Code s Decedent of the ses, specify Cub less, spe	If Under 2 Hrs. Hours Min Edgemere 21219 Hispanic Origin? (San, Mexican, Puer Specify: Dation during most of wood) 18. Mother's Na Mattic end Number or R Ave. Edges of Fecility Funeral Ave. D	specify Yes or Noto Rican, etc.)	109. Citizen of Vunited 109. Citizen of Vunited 14. Race Blace Specify 16b. Kind of Bi Own Ho Maiden Sument S Brigmi er, City or Town, Maryland 20c. Location— Bel A. Dundal: Maryland	9. Birthplace (State or Fon South) Caroli 10d. Inside City Lim 1 Ves 2 Ment Country? States 2e - American indian, ck, White, etc. White usiness/Industry Ome ne) an State, Zip Code) d 21219 City or Town, State ir, Maryland k, Inc. d 21222 Approximate
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State Registrar

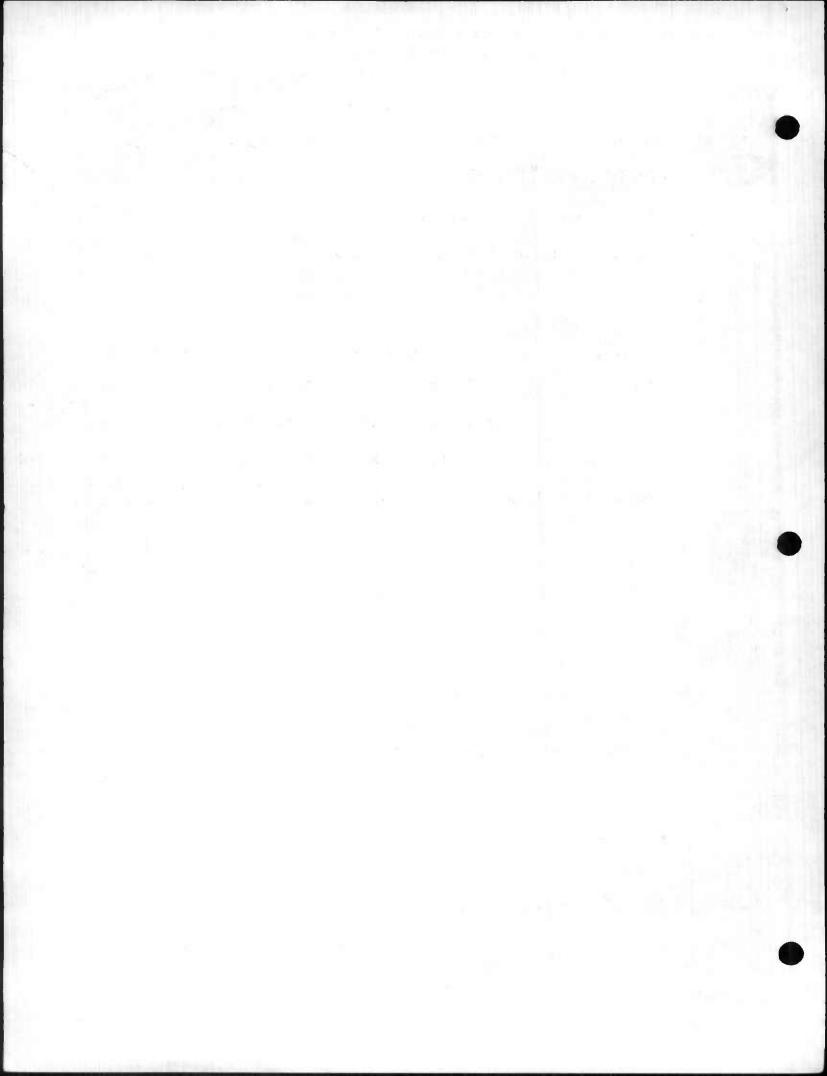
MAR 27 1998

32. Registrar's Signature Julia Davidson Randall



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Dete of Death **Physiclan** Month MCCUBBIN ROBERT MARCH 1998 /Medical 4e. Fecility Nama (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth Examiner BALTIMORE RON SECOURS 7. Age (In yrs. lest birthday) If Under 1 Yaer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number Birthpiaca (Stete or Foreign Country) **Funeral** 1 2 F Months Deys Hours Yrs. Director 215-03-8975 79 July 18,1918 Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Nes 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ទ 238 2010 Christian Street 21223 United States Funeral Herne 12. Wes Decadent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, Whita, atc. should be filed within 72 hours after and Mental Hygiene. 1 TXYes 2 □ No 8/43
If Yes, Give
Yeer or Detes: 1/46 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: white by 3 DtWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Painter Steel Manufacture 12 Department Pages 1 and 2 should be filed.
Department of Health and Mental Hygis important if them 27 is marked any injury or other to any 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Nicholas McCubbin Margaret Baurl 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Lillian McCubbin, daughter 2010 Christian Street Baltimore, MD 21223 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Bernoval from State Maryland Veterans 3/27/98 Crownsville, MD 4 Donetion 5 Other (Speedy) 24. Signature of Funeral Service L 22. Neme end Address of Fecility Ambrose Funeral Home, Inc 1328 Sulphur Spring Road Arbutus Inc. Maryland 21227 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician UPPER GASTROINTESTINAL BLEED /Medical Immediate Cause (Final 1 HOUR disease or condition resulting in death) Examine Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Box 68760 Physician/Medical Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco usa contribute to the cause of death? à 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, à 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t 25. Was case referred to medicat Be 26. Place of Deeth (Check only one) examiner? Hospital: 1 ☐ topatient 2 ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation Naturel 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end mennar stated. edical 29a. Certifier 29b. Signature end title of certifier 29d. Data signed (Month, Day, Year) 29c. Licensa number 30. Name end address of person who co cause of deeth (Item 23e) (Type, Print) 2000 W. Paltimore St

BOLGIANO

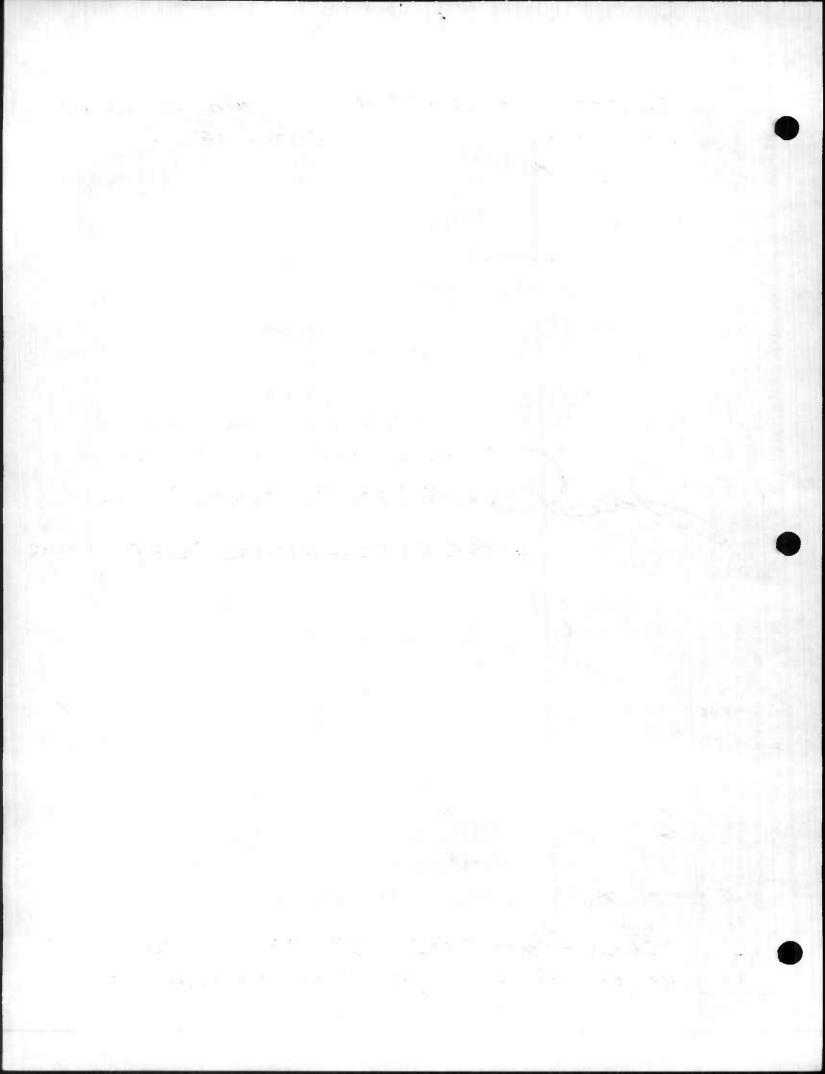
32. Registrar's Signeture

Aulia Davidson-Randall

State Registrar

EDWARD 31. Dete filed (Month, Dey, Yeer)

MAR 27 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** 3 -18-98 8:05 AM Miller Hallowell William /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Wilson Health Care Center Gaithersburg Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) PA 5. Social Security Number 7. Age (In yrs. lest birthdey) 1☐XM 2□ F Months Deys 90 Yrs 323-01-8353 Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d Inside City Limits Gaithersburg TYTY Yes 2 No MD Montgomery Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 20877 USA 211 Russell Ave. Funeral 14. Race - American Indian, Black, White, etc. 12 Was Decedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Armed Forces? 12 Yes 2 □ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White λq 34 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Pillsbury Flour Co. Salesman 18. Mother's Name (First, Middle, Melden Sumeme) 17. Father's Name (First, Middle, Last) Be Hannah Jane Poteet Samuel Spratt Miller 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. informant'a Name/Relationship (Type, Print) Donald C. Miller-Son 203 E. Charlotte St., Sterling, VA 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State NXBurial 2 Cremation 3XX emovel from State 3/23/98 National Memorial Park Falls Church, VA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signal of Fundral Service 22. Name and Address of Facility Licersee 721 Elden St., Herndon, VA Ant1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Physician/Medical 23b. Did tobacco use contribute to the ceuss of death? Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy Completed 1 Yes 2 BrNo 1 □ Yes 2 □ No. 25. Was case werred to medical Be 26. Place gl-Death (Check only one) Other: 4 Wursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 3D DOA Certification: To 2 ER/Outpat 28d. Describe how injury occurred 27. Mannes of Deeth 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 5 Pending 1 Natural 1 ☐ Yes investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide

Division of Vital Records, P.O. Box 68760, physician s tha bunis requires that the death certificate be signed by the a cartificata Hospital or Attending Physician: this Aftar daath. aftar daati Director: To the Hospital or Atter within 24 hours after dat To the Funeral Director complataly filled in by th

Funeral

Director

Pages 1 and 2 should be filed within 72 hours aftar death with tha Maryland nari of Haath and Mental Hygiena.

In: If then 27 is marked other than "natural", or items 23s or 23s-f show mix: If then 27 is marked other than "natural", or items 23s or 23s-f show my or other traumatic event, in a hedical Exercities must be notified at my or other traumatic event, in a hedical Exercities.

Department o Important: If any injury or

Physician /Medical

Examiner

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funaral director,

Baltimore, Maryland 21215-0020

State Registrar

Medical

29a. Certifier

31. Dete filed (Month, Dey, Year)

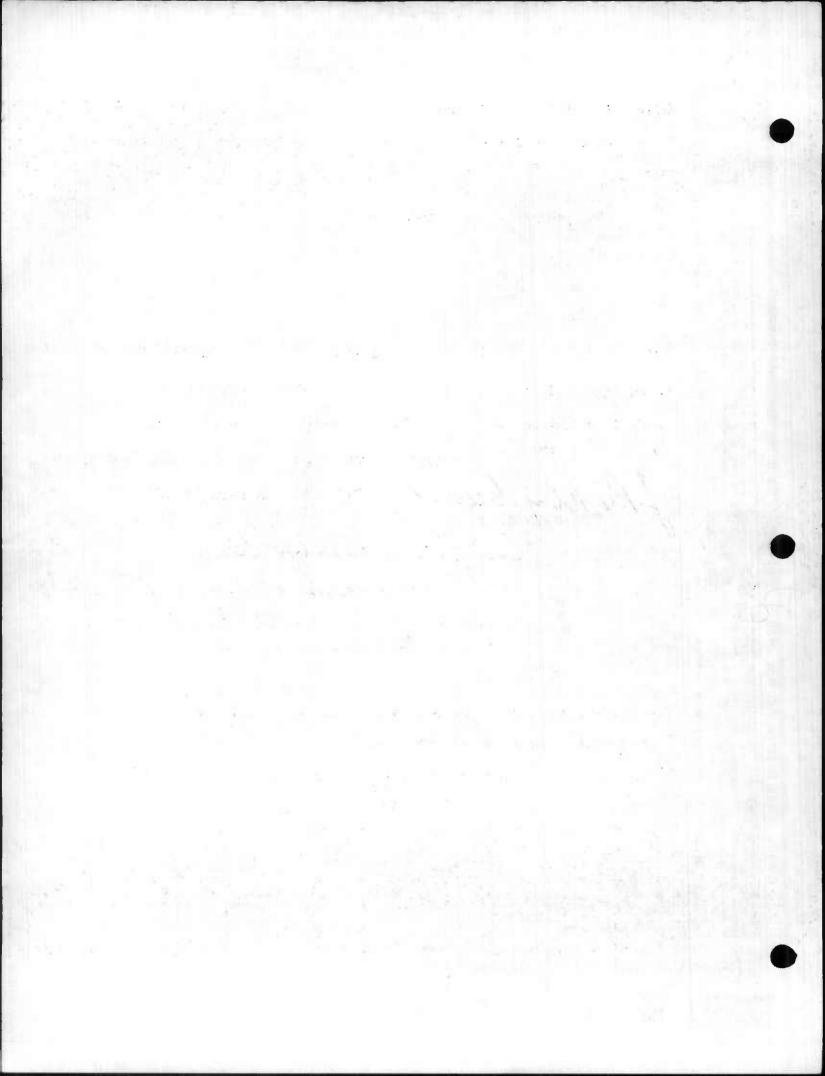
MAR 27 1998

**Excertifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, end due to the ceuse(s) and manner es steted.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29c. License number

29b. Signature end title of certifier

32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth Month MCLAUGALIN HELEN 1:40 19 4e. Fecllity Nema (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth BALTIMORE HOSPITAL BOH SECOURS If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number If Under 1 Year 8. Date of Birth (Month, Day, Year) MARCH 22,1939 7. Aga (In yrs. last birthdey) 9. Birthplece (State or Foreign Months Deys Hours 1□M 2⊠F MARYLAND Vrs 219-26-8574 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ₹ Yas 2 No N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21223 U.S.A. 1303 W. CROSS STREET 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Reca - American Indian, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER 8TH GRADE HOMEMAKING 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) HENRY HALL ELSIE HAGNER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1303 W. CROSS STREET - BALTIMORE, MD WILLIAM McLAUGHLIN (HUSBAND) 21223 20b. Pleca of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) BALTO/WASHINGTON CREMATORY LAUREL, MD 22. Nema end Address of Fecility HUBBARD FUNERAL HOME INC. 21. Signeture of Funda Survica Licansee 4107 WILKENS AVENUE-BALTIMORE, MD 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death CANCER WITH METASTASES Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of): E CHRONIC OBSTRUCTIVE PULMONARY DISEASE KEUMON/ CARDIOVASCULAR DISEASE Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death?

Physician /Medical Examiner

physician end s the buriel-trans

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requires that the death certificate be executed

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• Hospital Funeral

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Division of Vital Records, P.O. Box 68760,

Physician

/Medical

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Certification:

Medical

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mentel Hyglene. Important: if Items 23s or 28s-1 show any injury or other traumatic event.

Baltimore, Maryland 21215-0020

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last

29b. Signature and title of certifiar

COSITA

31. Date filed (Month, Day, Year)

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								1 ☐ Yes 2 12 No		1 🗆 Yes	2□ No	
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27.	Z L AUGIGENT	estigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c.	Injury at Work? 1 Yes 2 No	28	28d. Describe how injury occurred				
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29			alcian: To the best of my knot iner: On the basis of exemina								euse(s)	

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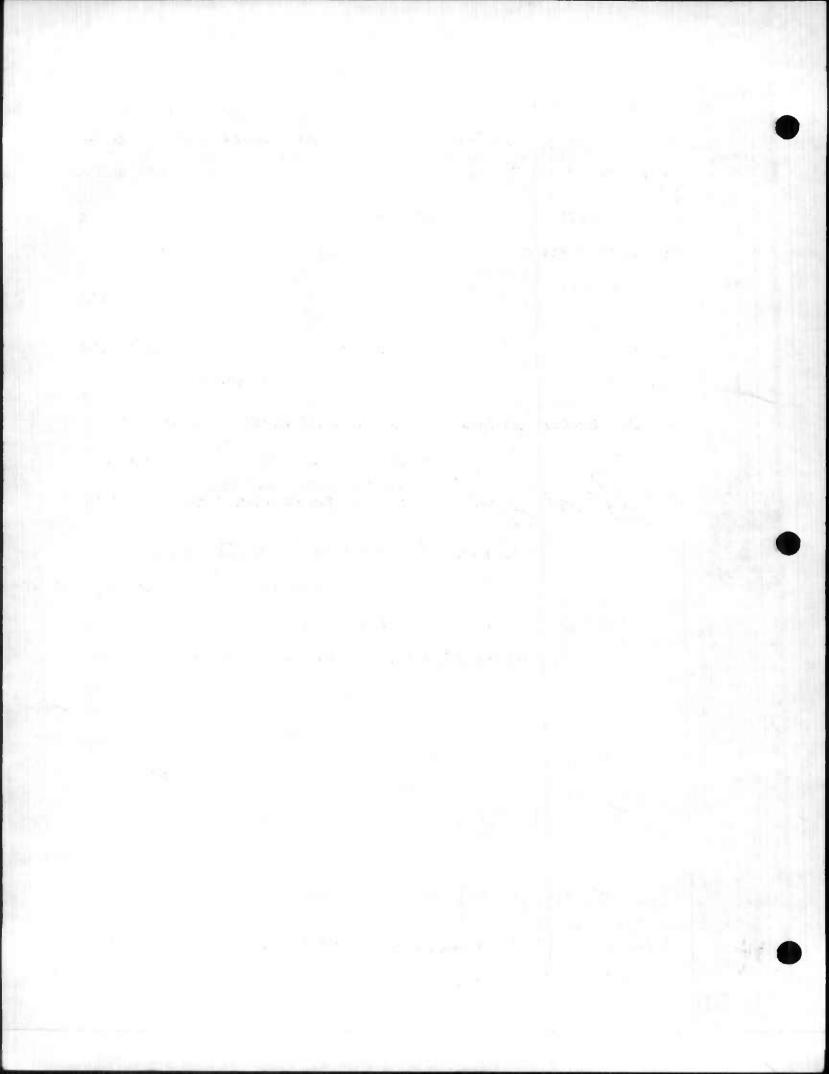
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32 Applura Assignature Randalle

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State Registrar BON SECOMPS

29d. Dete signed (Month, Day, Year)



Physici	an	Anatomy Board Film 1. Decedent's Name (First, Middle, Last) DOROTHY	_	VGS			2. Dete d Month	D	ey 19	Valle o	ime of Deeth
/Medi Examir		4e. Fecility Neme (If not institution, give street		v 6.3		4b. City, Town	n, or Location of E		c. County of	10	10/1
		Good Samaritan Hospital		Baltimon			В	altim	ore Cit	ity	
Funeral Director		5. Social Security Number 6. Sex 214-12. 9162 1 M	7. Age (In yrs. 878	lest birthday) Yrs.	If Under 1 Year Months Deys	If Under 24 Hours	Min. (Month	Birth Dey, Yea.	10	9. Birthplece (S Country) unknown	State or Foreign
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y fill	edicai	29a. Certifier (Check only one) 1 Certifying Phyeicial 2 Medical Examiner:	n: To the best of my kno On the bests of examine end menner stated.	owledga, death stion end/or inv	occurred et the tirestigation, in my o	ne, data end pinion, deeth	oleca, and dua fo occurred at tha ti	the cause(ma, dete er	s) and meni nd plece, an	ner es steted. Id due to the ce	ouse(s)
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within 24 hours after	Σ	DOVA	W	mi	D D TAN S	3146	4		3/21	1198	

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permit. Pages 1 end 2 sh Department of Health and Important: If Item 27 is m any Injury or other traum once.

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altimore. Maryland 21215-0020

Examiner sician end burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest attending physician Physician/Medicai the as I USB

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

1 Yes 2 No 3 Probably X Unknown 24e. Wes en eutopsy

24b. Were autopsy findings evellable prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No

25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1X Naturel 5 Pending Investigation

Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Yes 2 No

2 Accident 6 Could not be determined 3 ☐ Suicide 4 I Homicide

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

(Check only one) 29b. Signeture end title of certifier

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated.

26. Piece of Deeth (Check only one)

W -mithicum

29c. License number D31826

29d. Dete signed (Month, Day, Year) 3-23-98

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

LINTHICUM, M. D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

32. Registrer's Signature RICHARD L

31. Dete filed (Month, Day, Year)

29a. Certifier

Luke Tairdson Brodall

State Registrar

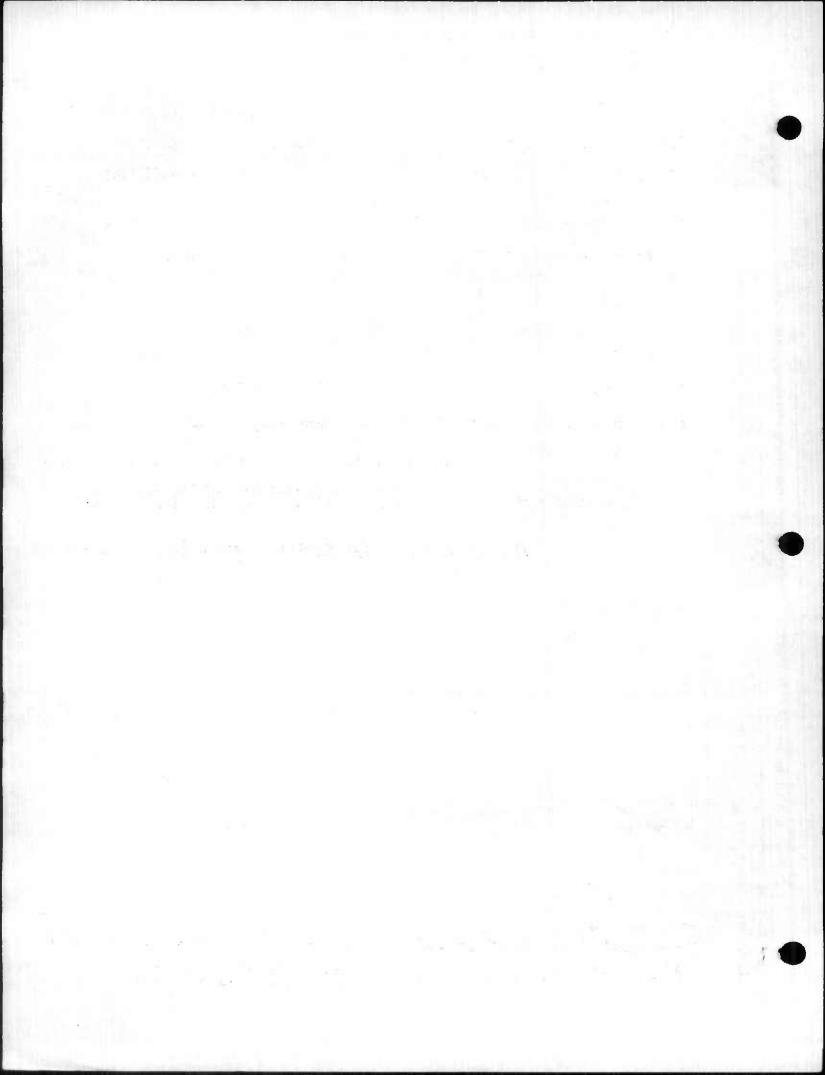
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State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate of	Death		Reg. N	Vo.	U	2314	
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	Exami		4a. Fecility Neme (If not institution, gi	e street end nur	nber)			4b. City, To	wn, or Location of E	-	c. County	-	7075	
	= 7.011111		Fallston General	Hospita	ul.			Falls	ton		Harf	ord		
-	Funeral	т			7. Age (In yrs.	est birthday	if Under 1 Yea	r if Under:	24 Hrs To Date o	Birth	-		lece (State or Foreign	
	Director	R		1□M 20X(F	78	Yrs.	Months Deys	Hours	Min. Dec.	Day Yes	7919	Coun	lece (Stete or Foreign try) LNUA	
	_		Usuel Residence of Decedent		, ,				<i>Dec.</i>	20,	1717	Vicig	rrcu	
	land		10a. Stete 10b. County		10c. City	, Town or L	ocation					1	0d. Inside City Limits	
	Many	0	Maryland Harfor	d	R	el Air	,						1 ☐ Yes 2 No	
	288 288	Director	10e. Streat end Number	oc root	10f. Zip Code			100 (10-08					
	With Miles	ā		ad Ant	r						10g. Citizen of Whet Country? U.S.A.			
	72 hours after death with the Maryland natural', or items 23a or 28s-f show deal Examiner must be notified at	Funeral	951 Sablewood Ro				21014							
	er de	un n	11. Maritel Status 12. Was Decadent Ever in U.S. Armed Forces? 1 □ Never Married 2 □ Married 12. Was Decadent of Hispenic Origin? If Yes, specify Cuben, Mexican, Pi						gin? (Specify Yes o i, Puerto Rican, etc.	No-		- America , White, o	an Indian, etc.	
20	or a	by F	1 Never Married 2 Married 1 Yes 2 No If Yes, Give 1 Yes 2 No Specify:								Specify:			
8	ural.	D	3 Ø Widowed 4 □ Divorced	Yeer or De	etes:						Specify:	whi	ie	
Ϋ́	72 }	Completed	15. Decedent's E (Specify only highest gr	ducation ede com <i>pleted)</i>		16e. Dece (Give	dent's Usual Occu kind of work done DO NOT use retin	upetion e during most	t of working	16b.	Kind of Bus	siness/Inc	lustry	
2	ne.	Idu	Elementary/Secondery (0-12)	College (1	-4or 5+)			ed)						
7	ygie ygie	S	9th grade			Host	ess				Resta		t	
2	a oth	Be	17. Fether's Neme (First, Middle, Las)					r's Neme (First, Mic		en Sumeme)		
Na	Menid	2	Rodney Diggs					Eliza	ibeth Pugi	2				
a	shod and s me		19e. Informent's Neme/Reletionship	Type, Print)		19b. Meil	ing Address (Stree	et and Numbe	er or Rural Route N	ımber, City	y or Town, S	Stete, Zip	Code)	
Σ.	alth 27 i		Sherry Rukowicz	(Granddo	uighter!	132	0 Murgat	royd R	Road, Fa	d, Fallston, MD.			1047	
re	Tam oth		20e. Method of Disposition			leca of Disp	osition (Neme of	ace)	Dete				wn, Stete	
Ĕ	Peges nent of H ant: If Its ury or of		1 ☐ Burial 2 ② (Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		Stete		unt Crem		3/25/9	Ra	Baltimore, Maryland			
Baltimore, Maryland 21215-0020	コキャラ		21. Signeture of Funeral Service Lice	-	0,00									
B	Depending of the service of the serv		11/1	11		S	chimunek	Funer	al Home	of Be	l Air	, In	c.	
			23e. Pert 1. Enter the diseese, or con	4		6	10 W. Ma	cPhail	Road, 1	Bel A	ir, Mi	D. 2	1014	
			shock, or heart failure. List only	one cause on e	aused the deetr ech line.	n. Do not en	ter the mode of dy	ing, such es	cardiac or respireto	ry errest,			Intervel Between	
	Physician /Medical		AND CONTROL OF THE CO	100			01 10	01	1	10	0		Onset end Deeth	
	Examiner		Immediate Cause (Final disease or condition resulting in death)	e. ME	TYSTH	776	ANCE	CEM	nc OA	NCE	YC	14	LMOSTHS	
		L.	resoluting at decitif		Due to (or	r es e conse	quence of):							
	sit ad	ine		b								1		
	end end -tran	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying											
Š,	sian vuriel	ü	Cause, Enter Underlying Cause (Disease or Injury											
68760,	hysic the b	I Co	thet Initieted events resulting in deeth) Lest Due to (or as e consequenca of):											
9	certificate be executed iding physician and ise as the buriel-transit	/Medical												
Box				d		-								
	dea od fo	Physician	Part II. Other significant conditions of	ontributing to de	ath but not resu	ilting In the u	underlying cause g	iven in Pert I.	23b.	Did tobac	co uae con	tribute to	the cause of death?	
0.0	by the	h,								I □ Yes	2□ No	3 Prot	pably 4 Unknown	
S,	The law requires thet the death ite hes been signed by the etter page 2 should be deteched for	by				-								
5	quire an sig								249.	Ves en eu	topsy		ere eutopsy findings	
Record	w re	jet								erformed?		cor	elleble prior to mpletion of cause deeth?	
2	hes ge 2	Completed								-	- 1			
Ö			00.14								2 10 No	1	Yes 2□No	
Vital	Physician: The is this certificate he and director, page	Be	25. Wes case referred to medical exeminer?	Hospital:			10	ther:	of Death (Check o					
0	this aldi	2	1 ☐ Yes 2 ☐ No 27. Manner of Deeth	1 1 1		ER/Outpetie	nt 3LI DOA	4 LI NU	rsing Home 5 1				1)	
Division of	or Attending Physities death. Sirector: After this In by the funeral d	Certification:	1 ☑Naturel 5 ☐ Pending		h, Dey Year)	28b. Time of injury	We			ibe now in	jury occurre	Ha		
S	Attending or death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be				M 1	Yes 2 l						
\leq	after deat Director:	틭	4 Homicide determined	288. Piece	of Injury - At ho ig, etc. (Specify		reet, factory, office		28f. Locati City of	on (Street Town, Ste	and Numbe ete)	r or Rura	I Route Number,	
	Ital o													
	Hospital 24 hours Funeral stely filled	edicai	29e. Certifier 1 Certifying Pt	yeician: To the l	best of my know sis of examinet	vledge, deat	h occurred at the to	ime, date end	d plece, end due to th occurred at the ti	the ceuse	(s) end mer	ner es st	eted.	
			onej	end mann	er stated.		F 99-1001			_				
	To the within To the comple	=	29b. Signature and title of contition 29c. License number 29d. Dete signed (Month								(Month,	Pey, Year 90		
1	MA		Which 2								24)///8		
	LA	1	30 Name and address of person who	completed cause	e of death (Item	23е) (Туре,	Print) J11	2 /	KLAR	1/2	MA)	to the second se	
			onno, r. E	MAY	15	My	FA	2 570	N, M	AR	4-LA	2	21047	
	Sta	te	31. Dete flied (Month, Day, Year)		egjarray's Signat	ridson-7	Pandoll.			-6			1	
	Registr	ar	MAR 27 T	998	Janes Dill	(WO)								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended: #15 Per FH Film G-757 3-31-98RC Certificate of Death 1. Decedent's Nema (First, Middle, Last)

Physician /Medical Examiner

2. Dete of Death

3. Time of Deeth 05:05AM

Funeral Director

with the Maryland 28a-f show

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

68760 The law requires that the death certifi Division of Vital Records, P.O. Box s been signed by the should be detach certificate hes or Attanding Physician: After this death. Director: the To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a or 28a-1 show any Injury or other traumatic event, the Medical Extrainer must be notified at Funeral þ Completed Be 2 Physician/Medical Examiner þ Completed Be 2 27. Menner of Deeth Certification: 1 Neturel 2 Accident 3 Suicide 4 Homicide

Month Dev 998 POINSETT ROBERT 4b. City, Town, or Location of Deeth 25 4c. County of Death 4a. Fecility Neme (If not institution, give street end number) BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL N/A If Under 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 8. Deta of Birth (Month, Dey, Year) Nov. 21,1937 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) 1∏M 2□F 151 30 2900 60 Yrs. New Jersey Usuel Residence of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 XXXIo Director Maryland Anne Arundel Crofton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1723 Tedbury Street 21114 United States 12. Wes Decedent Ever In U.S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - Amaricen Indian, Bleck, White, etc. MXYas 2 No If Yes, Give Year or Dates: 54-94 1 ☐ Never Married 2 Married 1 ☐ Yes 2CXNo Specify: 3 Widowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Appraiser Real Estate 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Willard Poinsett Blanche Kuklinsky 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Code) Judith L. Poinsett Wife 1723 Tedbury Street Crofton Maryland 21114 20b. Place of Disposition (Name of cametery, cremetory or other place) March 31, 1998 20c. Location - City or Town, State 20e. Method of Disposition XX Burlal 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cemetery Crownsville Maryland 21. Signatura of Funerei Sarvice Licensee 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 pplicetions thet ceusad tha death. Do not antar the mode of dying, such as cardiec or respiretory arrest, y one ceuse on each line. 23a. Puri. Enter the disease, or come sinck, or heart feilure. List only Immediate Cause (Final diseese or condition resulting in deeth) RESPIRATORY FAILURE One hour Due to (or es e consequence of): HEMANGIOBL ASTUMA CEREBELLAR Ten years Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseess or Injury that initieted avents rasulting in deeth) Lest Due to (or es e consequence of): VON - MIPPEL LINDAU DISEASE Due to (or es e consequance of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown PHEO CHRIMOCYTOMA 24e. Wes en eutopsy performed?

24b. Ware autopsy findings eveileble prior to completion of causa of deeth? 1 3 Yas 2 □ No 1 ☐ Yas 2 ☒ No

25. Wes case referred to medical 1 Yes 2 No

28e. Dete of Injury (Month, Dey Year) 5 Pending investigation 6 Could not be determined

1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner as steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end manner stated.

29b. Signature end titla of certifier 2 Callens Sund

29c. License number RES 000

29d. Date signed (Month, Dey, Year) March 25, 1998

28f. Location (Streat end Number or Rurel Route Number, City or Town, Stete)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) DAVID KAPUN, MO GOO N. WOLFE STREET, TOWER

110, BALTIMORE MD 21287

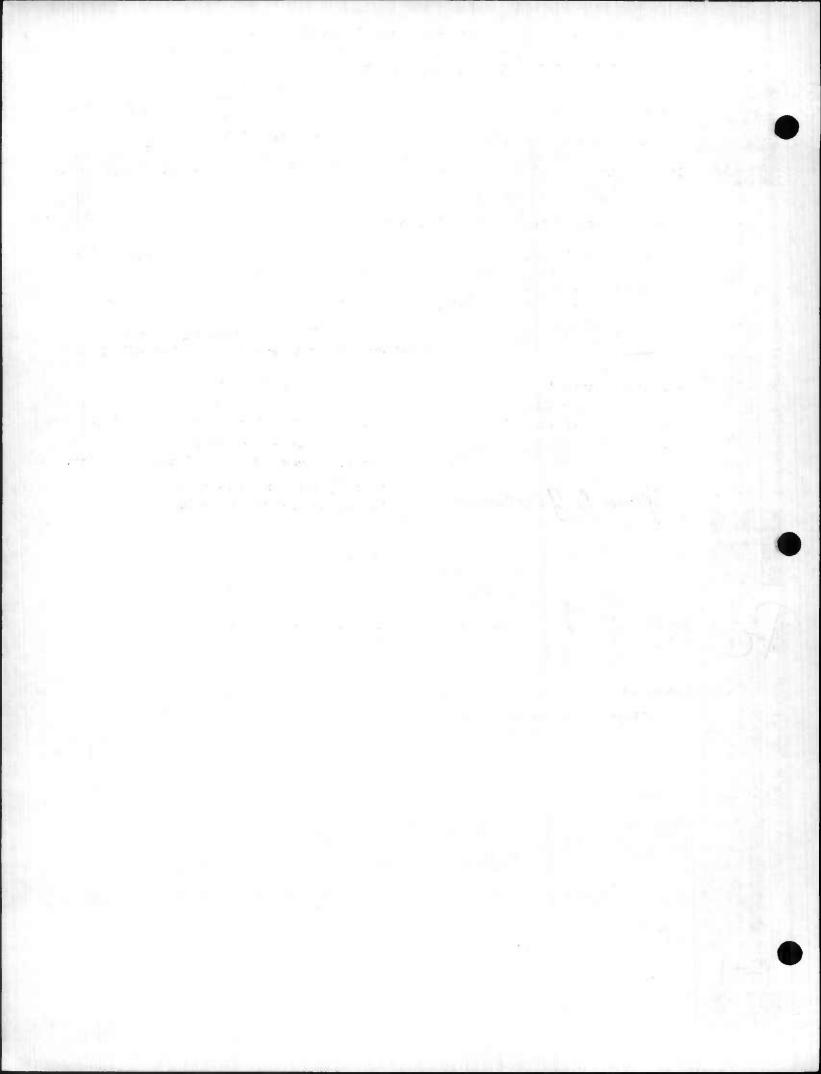
State Registrar

Medicai

31. Date filed (Month, Dey, Year) WAR 27 1998 32. Registrerie Signature

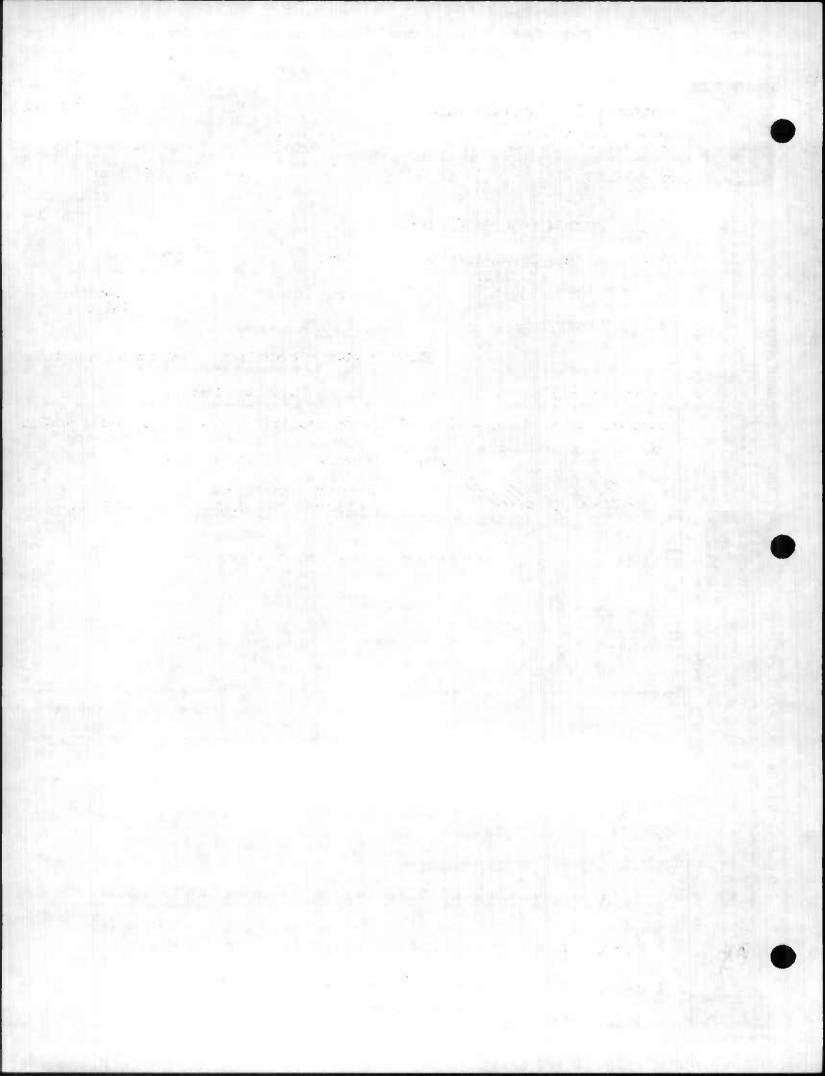
Syna Waydoon-Randelle

28e. Plece of fnjury - At home, farm, streat, factory, office building, etc. (Specify)



	1. Decedent's Nar	me (Firet Midd	la lasti			C	ertifica	ale C	JI DE	all	10	. Defe of D	Reg. No	Ď.	~ ~	3. Tim	e of Death
Physician	Dalla.	011 T	_		000							Month	De 2		Year 997	7	10 D.N
Medical kaminer	4a Facility Name	(If not institutio	n, aive stre	naeling	indi	1			4b. C	ity, Town,		tion of Dea		. County	-		io p.k
Autilities	North A	rundel 12 pital	Dri.	spital ve						enBu	un	20	D	nue	An	inde	/5
eral	5. Sociel Security		6. Sex	4 OF E		lest birthde	Month	der 1 Ye		Under 24 H	Hrs. 8	Month, Dune 1	lirth Dey, Year)	2	9. Birthp	lece (Ste	te or Foreig
r	586-66- Usual Residence			3	8	Yrs.					Ŋ	une 1	3, 19	959	Guar	n	
	10e. Sfete	10b. County	/		10c. C	ity, Town or	Location					-1-1			1	0d. Insid	e City Limits
ctor	MD	Anne	Arun	del	Ft.	Meade	е									101	ree 2XINo
Dire	10e. Street and Number						10f.	Zip Cod	e				10g. Cit	tizen of V	What Cour	ntry?	
Fal			_	rive, U				2075		nla Orlain?	2 /5	h. Voc or N	US		e - Americ	an India	
Funeral Director	11. Marifel Status			. Wes Decedent Armed Forces' 1 ☐ Yes 2 🕅	?	J,S. 1				lexican, Pu	uerto Ri	fy Yes or N cen, etc.)	10-		ck, White,	etc.	
þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced			If Yes, Give 1: Year or Dates:			1 ☐ Yes	1 ☐ Yes 2) No Specify:				Specify: Pacifi		-			
ed	/506	15. Deceder	nt's Educet	tion completed)		16a. De	cedent's U	sual Oc	cupation	n most of	working	,	16b. K	Kind of Bu	usiness/inc		
Completed	Elementery/Sec	, , ,	. 5, 5, 600 0	College (1-4or 5+)				ind of work done during most of working O NOT use retired)									
S	12 17. Fefher's Name	e (First. Middle	Last)			Water	r Tre	Treatment Special 18. Mother's Name				list Department me (First, Middle, Maiden Sumeme)		7. 7	of D	efense	
To Be	Jose S.								lla Flores								
-	19a. Informant's Name/Reletionship (Type, Print)					19b. Ma	alting Addr	ress (Str					-	or Town,	Stete, Zip	Code)	
	Jacqueline A. Pangelinan - Wife 2957 Second Army Drive, Unit 2, Ft. Mead										Meade	e, M	D20755				
	20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State											8					
	4 Donation 5 Other (Specify) Veterans Cemetery 21. Signature of Fungaral Service Licensee 22. Name and Address of Facility																
	. /	011	1	1.11	1		На	rdes	et v	Funer	ra1	Home,	P.A				
	23a. Part1. Enter shock, or he	albek	1 0	and"			12		1			-				1 401	
	23a. Parti. Enter	r ine disease, o	COMPICA	lions inat cause		AL D A	amban blan	Ric	lge1	y Ave	enue	, Ann	apol	is,	MD_2.	1401	
1	snock, or ne	eart failure. List	t only one	ceuse on each I	id the dea line.	ith. Do not	enter the n	R10	dge1 dyling, s	y Ave	enue diac or	- Ann respiretory	errest,	is,	MD 2.	Approx Intervel Onset a	mete Between and Deeth
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		e (Final	t only one		ebr	o va	مسا	cr							MD 2		Between and Deeth
	Immediate Cause disease or conditi	e (Final	t only one		ebr		مسا	cr									Between and Deeth
r	Immediate Cause disease or condition resulting in death	e (Final tion t)	a		Due to (o va	sequence	of):									Between and Deeth
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by Physician/Medical	Immediate Cause disease or condition resulting in death Sequentially list of if any, leading to cause. Enter Unc Cause (Disease of that initiated even resulting in death)	e (Final lion)) conditions, immediate derlying terrinjury	a b c d	Cer	Due to (or as a cons	sequence of sequen	of):		454		23b. Did	d tobacco	o use co	ntribute to	A control of the care bably	Between and Deeth
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To Be Completed by Physician/Medical Examiner	Immediate Cause disease or condition resulting in death. Sequentially list of if any, leading to cause. Enter Unc Cause (Disease of that initiated even resulting in death.) Part II. Other algnormal Part III. Other algnorm	e (Final lion) conditions, immediate derlying of injury at some conditions of the c	dons contrib	buting to death to spitel: 28e. Date of Inj. (Month, Debuilding, e	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or as a consor a consor as a c	sequence of sequen	of): of): of): of): l DOA 28c.	2/t	Part I. i. Place of 4 Nursin 2 No	Death Organization (Control of the Control of the C	23b. Did 1 [24a. We per 1 [25] 24a. We per 1 [25] 25 Re 3d. Describer 1 [25] 3f. Location City or T	d tobecco	o use co 2 No ppsy 6 Oth ury occur	ntribute to 3 Pro 24b. Weye of 1[iter (Special red) per or Rural pe	o the cau- bably fere autoralieble prompletion death? Yes	Between and Deeth Jee of death Unknown Desy findings rior fo of ceuse Number,
To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death. Sequentially list of if any, leading to cause. Enter Unc Cause (Disease of that initiated even resulting in death.) Part II. Other algn. 25. Was cese referexeminer? 1 Yes 27. Manner of Death.	e (Final lion) conditions, immediate derlying of injury at some conditions of the c	dons contrib	spitel: 1 Inpati 28e. Date of Injuit/Month, Del 28e. Place of Inbuilding, e	Due to (Due to	or as a consor a consor as a c	sequence of sequen	of): of): of): of): l DOA 28c.	2/t	Part I. i. Place of 4 Nursin 2 No	Death Organization (Control of the Control of the C	23b. Did 1 [24a. We per 1 [25] 24a. We per 1 [25] 25 Re 3d. Describer 1 [25] 3f. Location City or T	d tobecco	o use co 2 No ppsy 6 Oth ury occur	ntribute to 3 Pro 24b. Weye of 1[iter (Special red) per or Rural pe	o the cau- bably fere autoralieble prompletion death? Yes	Between and Deeth Jee of death Unknown Desy findings rior fo of ceuse Number,
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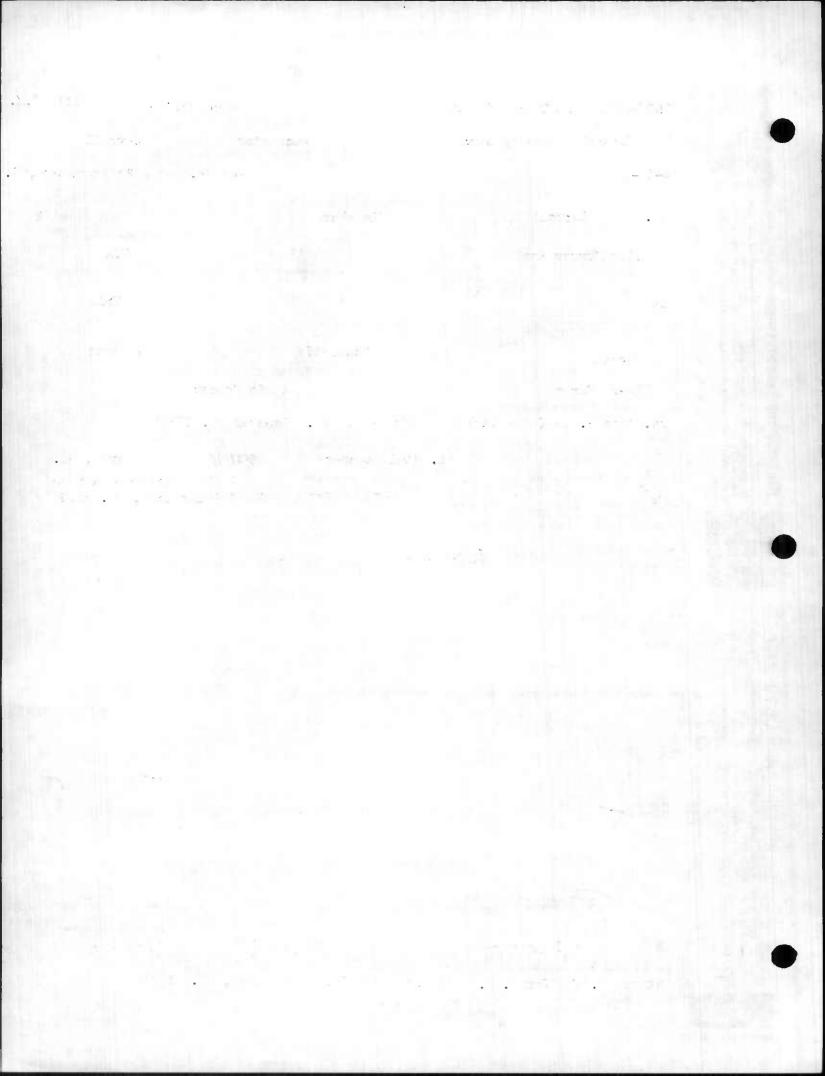
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** 2;10 P.M. March 25,1998 ELIZABETH VIRGINIA PELTZER /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) Examiner Longview Nursing Home Carroll Manchester If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 10 M 20 F 91 Yrs. May 26, 1906 **Director** 214-34-3828 Reisterstown, Md Usuai Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show r 28a-f show Md. Carroll 1 ☐ Yes 2 ☑ No Finksburg Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 7 is marked other than "natural", or frame 23a or traumatic event, the Mexical Examiner must be a USA 3109 Murray Road 21048 permit. Peges 1 and 2 should be filed within 72 hours effer death in Department of Health and Mental Hygiene. Important: If item 27 is marked other than 'natural', or items 23s any injury or other traumatic event. Funeral 14. Raca - American Indien. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status Biack, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: Specify: White þ 3XXWidowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Housewife Own Home 12 Grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Elmer Parson Annie Tracey 2 19a. Intormant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Anna V. Hal (Daughter) 638 Meade Ave. Hanover Pa. 17331 20b. Place of Disposition (Name of cemetery, cremetory or other place, 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Bunal 2 Cremation 3 Remove from State 4 Donation 5 Other (Specify) 27/98 St. Paul Cemetery Upperco, Md. 21. Signature of Funeral Service Ligensee 22. Name end Address of Facility 11824 Reisterstown Road ELINE FUNERAL HOME Reisterstown, Md. 21136 m in 231 P.rt1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, sock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical limit ediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence ot): Examiner lew requires that the death certificete be executed physician end s the burief-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Records, P.O. Box 68760, Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence ot) 50 esn signed by the e 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings available prior to completion of cause of death? should Completed 24a. Was an autopsy page 2 s 1 Yes 2€ NO 1 TYes 2 W certificete Division of Vital Attending Physician: director. Be Was case referred to medical examiner? 26. Place of Death (Check only one) Other: Nursing Home 5 Plesidence 6 Other (Specify) 70 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Certification: 5 Pending investigation 1-Netural 1 Yes 2 No death. 2 ☐ Accident i or Attend after death Director: 6 Could not be determined 3 ☐ Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, ferm, street, tactory, office building, etc. (Specify) filled in by 4 Homicide hours a 24 hours Hospital 29a. Certifier Medical (Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated To the Hosp within 24 hor To the Fune completely fi (Check only one) Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated. 29b. Signature and til 29c. License number 29d. Date signed (Month, Dey, Year) 90 30. Name and address of person who completed cause ot death (Item 23a) (Type, Print) 2111 Hanover Pike Hampstead, Md. 21074 Steven N. Shaffer M. D. 31. Dete tiled (Month, Day, Year) 32. Pegistrar's Signature State the Daydson-Randall MAR 27 1998 Registrar

DHMH 16 Ray 6/95

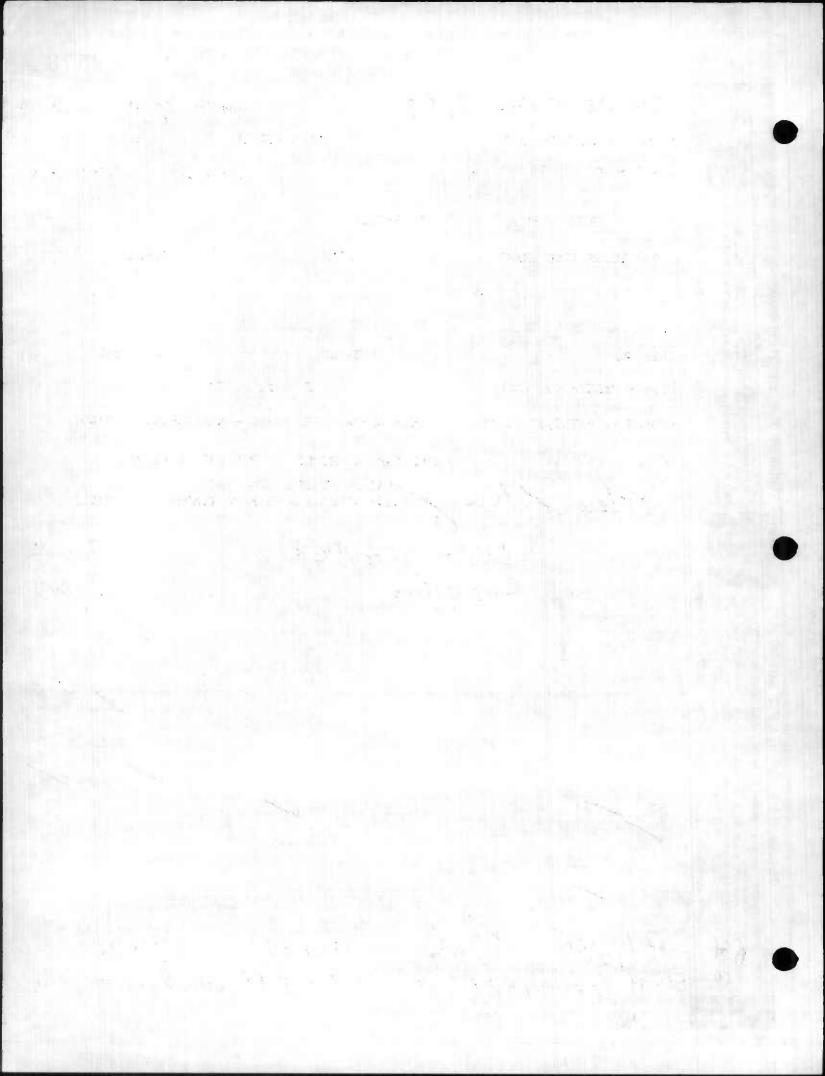


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death MARCH Physician (0:20 PM GEORGE F. /Medical 4c. County of Deeth 4a Facility Nema (If not institution, giva street and number 4b. City, Town, or Location of Death Examiner ANNE ARUNDEL MILLENIUM NURSING HOME GLEN BURNIE 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign 6 Sex 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours 1XIM 2□ F 216-05-5048 Yrs. NOV 20,1912 CATONSVILLE, MD **Director** Usual Rasidence of Dacedent with the Marylend r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No MD ANNE ARUNDEL ANNAPOLIS Directo 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Numbe 7 is marked other then "natural", or itema 23a or traumatic event, the Modical Examinar must be n permit. Pagas 1 and 2 should be filed within 72 hours after death vigorotant: If floor 27 is marked other then "natural", or ferm 23a any Injury or other traumatic event, the Model Example 2008. 1096 LINDEN TREE DRIVE 21401 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 14. Race - Americen Indian, Black, White, etc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2 X No Maryland 21215-0020 If Yes, Give Year or Dates: 1 ☐ Yes 2 ☒ No Specify: Specify: WHITE p 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Businass/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) DAIRY FARM 10TH GRADE SALESMAN 18. Mother's Name (First, Middla, Maiden Surname) 17. Fathar's Name (First, Middla, Last) EMMA M. MEETH OLIVER WASHINGTON PAYNE 2 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1096 LINDEN TREE DRIVE - ANNAPOLIS, MD 21401 GEORGE F. PAYNE, JR (SON) altimore, 20b. Plece of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from State LOUDON PARK CEMETERY 3/26/98 BALTIMORE 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses HUBBARD FUNERAL HOME INC 21229 4107 WILKENS AVENUE-BALTIMORE, MD Part T. Enter the disease, or complicetions that caused the deat shock, or heart failura. List only one ceuse on each lina. Do not enter tha mode of dying, such as cardiac or raspiratory errast, Approximate Interval Between Onsat and Death Physician Immadiata Ceusa (Final diseasa or condition resulting in death) /Medical Examiner Examiner Plina ettending physician end I for use es the burial-tran Sequentially list conditions, if eny, laading to Immediata ceuse. Enter Underlying Ceusa (Disease or Injury that Initiated avents resulting in death) Last Due to (or as e consequence of): Box 68760. death certificate be Physician/Medical Due to (or es a consequenca ol): 23b. Did tobacco use contribute to the cause of death? P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. \$ 2 3 Probably 4 Unknown 1 Yes 2 No Division of Vital Records, g 24a. Was an autopsy performad? 24b. Were autopsy lindings available prior to Completed peed complation of cause of death? 988 2000 1 Yas 2 No certificate 25. Wes cese raferred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 □Other (Specify) P 1 ☐ Yes 2 ☐ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascribe how Injury occurred 27. Mannar of Deeth 28b. Time of Certification: Attending 1 Natural 5 Pending Investigation death. 1 Yes 2 No 2 Accidant efter death 6 Could not ba Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide 8 Hospital 24 hours edical 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the bast of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier completely (Check only one) To the F 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signatura a no complated causa of (0 100 31. Data liled (Month, Day, Year) 32. Be istrer's Signatura State

Randoll

lia Saydson

MAR 27 1998



7				Cer	tificate o	of Death		Re	g. No.		
hysiçian /Medical	Decedent's Name (First, Middle, JEROME ALL		RAYMOND					ete of Deeth tonth R	Day Year		3. Time of Deeth 3:05pm
iner	4a Fecility Neme (If not institution, 619 N. PULAS			m, or Location		4c. County					
	216-68-5564	Sex 1 M 2 F	7. Age (In yrs. 42	lest birthday) Yrs.	If Under 1 Your Months De	ear If Under 2 eys Hours	Min. 8. D FE	ate of Birth Month, Day, 3 5 1	Year) 956	9. Birthple Countr MD	ace (Stete or Foreign y)
yyjena. Nerthan "natural", or items 23a or 28e-1 show it, the Medical Examiner must be notified at Completed by Funeral Director	Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Local MD NA BALTIMOR								10d. Inside City Limit		
	10e. Street end Number				10f. Zip Coo	de		10	10g. Citizen of Whet Country?		
	619 N. PULAS	KI STRE	EET		21	217		USA			
	11. Maritel Stetus 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	Armed Fo	1 ☐ Yes 2 🕅 No			as Decedent of Hispenic Origin? (Specify Yes or Yes, specify Cuben, Mexican, Puerto Rican, etc.) Yes 2XI No Specify:				(es or No- etc.) 14. Rece - American Ind Bleck, White, etc. Specify: BLACK	
	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	grede completed)	e completed) (Give kii			ent's Usuel Occupation ind ot work done during most of working O NOT use retired)			16b. Kind of Business/Industr		ustry
	9th	NA		DOCE	DOCKWORKER 18 Mother's New				ESTES TRUCKIN		KING CO.
To Be	17. Fether's Neme (First, Middle, La HENRY RAYMON							Name (First, Middle, Maiden Surneme) SE TAYLOR			
E	19a. tnforment's Neme/Reletionshi SANDRA WILLOUG			9513	MEADO	WS FAR	M DRI				
	20e. Method of Disposition 1 Durial 2 Cremetion 3 4 Donetion 5 Other (Spe				sition (Neme of metory or other Cemete				altimo		vn, Stete MD
	21. Signeture of Funerel Service Licensee 22. Neme and Address of Fecility WM C. MARCH FUNERAL HOME WEST, INC. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, approximate interval Betw.										
	Immediate Ceuse (Finel disease or condition resulting in death)	ė	Ma		, hc (ola (S MUNK
Sequentially list conditions, if eny, leeding to immediate course. Enter Underburing.											
edical Ex	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Lest	c	Due to (or es e consequence of):								
Σ		d									
/ Physician/	Pert II. Other significant condition	e given In Pert I.		23b. Dtd tol	bacco use co		the cause of death:				
rector, page 2 should be dateched by the Be Completed by Physics									n eutopsy ned?	ava con	re autopsy findings lleble prior to appletion of cause leath?
								1□ Ye	s 210 No	1 🗆	Yes 2□ No
Be	25. Was case referred to medicet exeminer?	Hospitel:					of Death (Ch	eck only one	e)		
. To	1 Yes 2 No 27. Manner of Death	28e. Date		28b. Time of		Other: 4 Nu			nce 6 Oth)
Certification:	Natural 5 Pending Investigation 1 Pending Investigatio	tion (Moni	th, Day Year)	Injury	М	Work? 1 ☐ Yes 2 ☐ f	No				Route Number.
	4 Homicide determin	buildi	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number of Town, State)								
edicai		Physician: To the amtner: On the ba end men									
ž	29b. Signature end title of certifier				29c. Li	cense number		29	d. Date signe	d (Month, L	Dey, Year)

Registrar

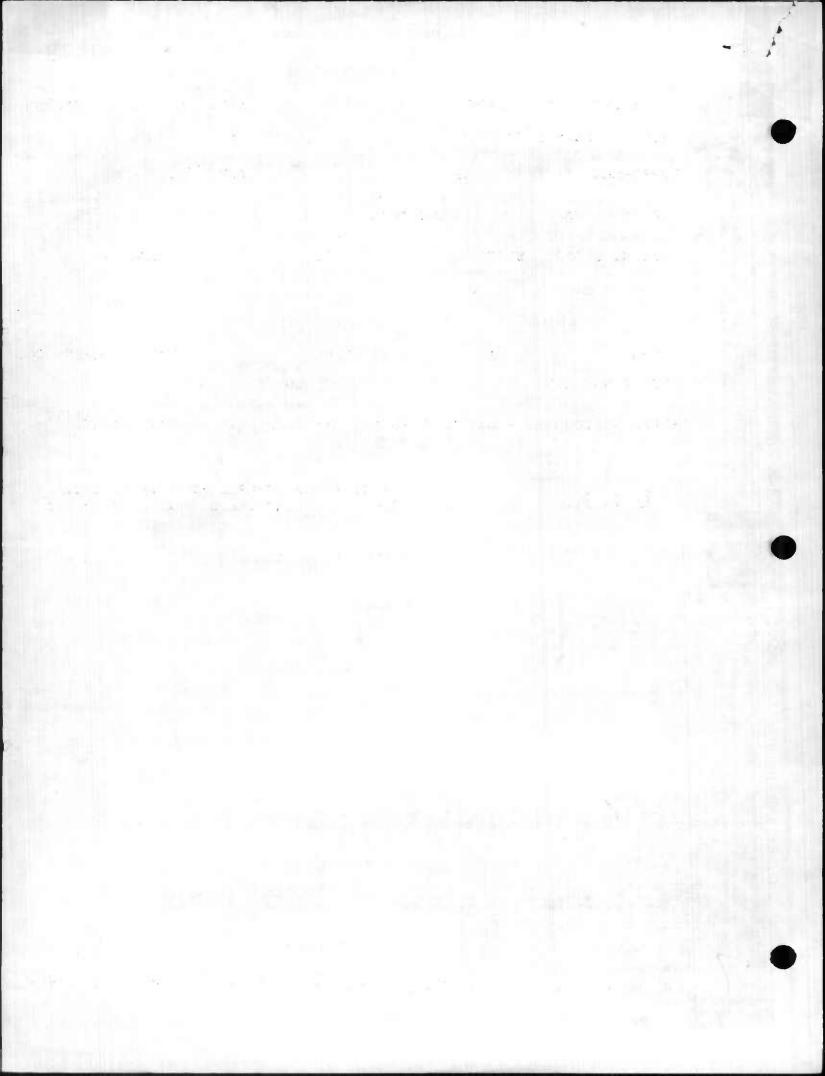
31. Dete filed (Month, Day, Year) MAR 27 1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

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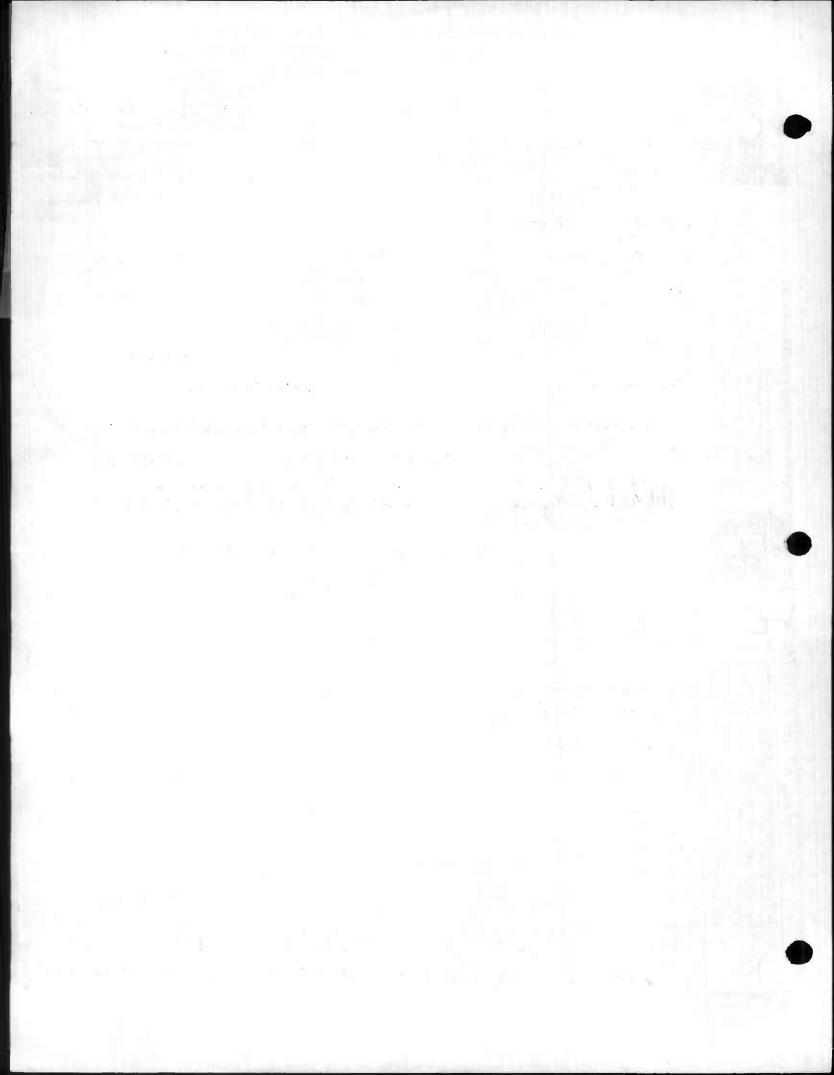
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Vear Judith Rosenberger Lynn 23 1998 March 1:51 A.M. /Medical 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Larkin-Chase Nursing Center Prince George's Bowie If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Days Hours Min. (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□ M 202 F Days 211 30 5372 57 Yrs Director May 12 1940 Pennsylvania Usual Residence of Decedent the Maryland 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits Pages 1 end 2 should be filed within 72 hours after death with the Manylan nent of Health end Mertal Hygiene.
Int! If item 77 is marked other than "natural", or items 23a or 28a-f show ury or other than the profiled at ury or other traumatic event, the Medical Examine man to notified at 1 ☐ Yes ANNO Director Maryland Prince George's 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10240 Prince Place 20775 by Funeral United States 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1X Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√€ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade com 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Teacher Education 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Paul Rosenburger Alelva Lorene Wilson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code) Mary Ann Pickels 880 Panacella Drive Abingdon Virginia 24210

20b. Place of Disposition (Name of cemetery, crematory or other place) March 26, Date 1998

20c. Location - City or Town, State Sister 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Department of Important: If any Injury or Sylvan Heights Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Uniontown Pa. 21. Signature of Funeral Service Ligana 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final . - END STAGE disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last P.O. Box 6876 Physician/Medical Due to (or as a consequence of) The law requires that the death certificate for usa es Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac LEUKOGENA; 3 Probably 4 Nhknown 1 ☐ Yee 2 ☐ No Records, 2 Completed ANEMIA. 24b. Were autopsy findings available prior to 24a. Wes an autopsy completion of cause of death? 2 0 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attanding Physician: funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other:

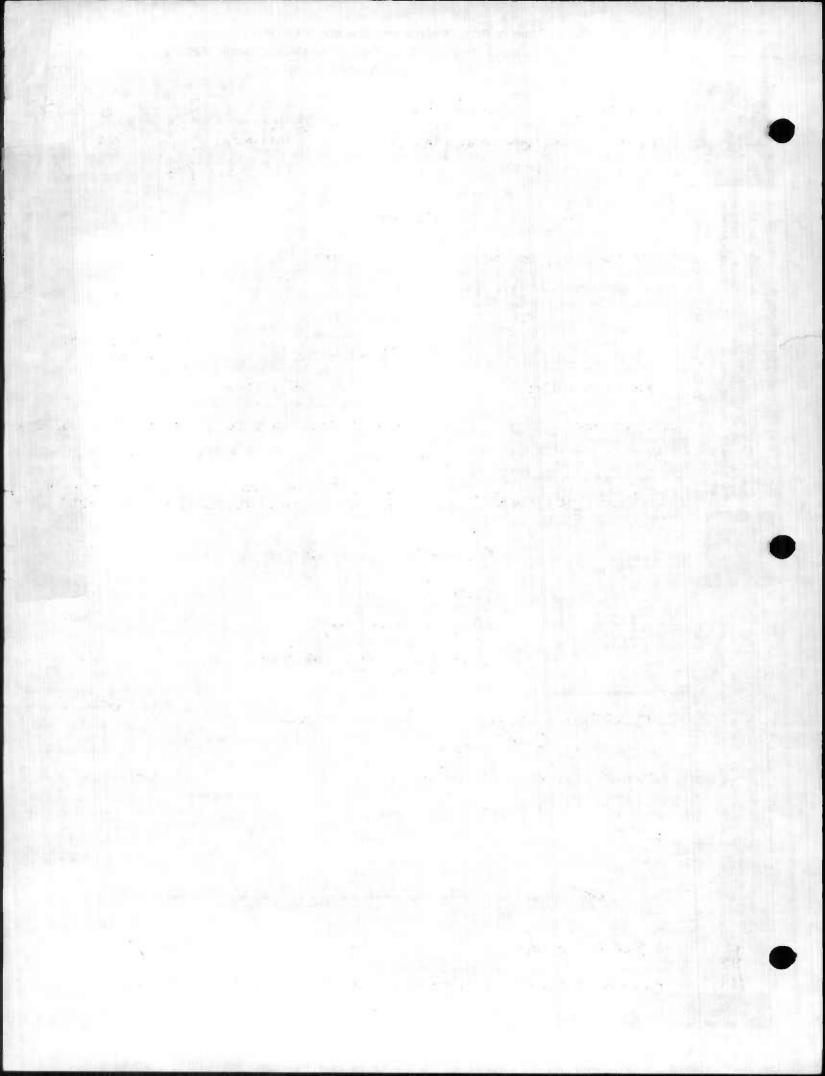
Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 27. Manner of Death 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 28a. Date of Injury (Month, Day Year) After 1 Natural 2 Accident 5 Pending s aftar death. 1 Yes 2 No Investigation 6 Could not be 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Illed in by 4 - Homicide To the Hospital or within 24 hours at To the Funeral D completely filled it 15-Certifying Physicien: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number_ D-34525 30. Name and address of person who completed cause of death (Item 23a) Types Print) Road; # 990 BOWIE-MD-207/6

State Registrar 32. Registrar's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Certificate of		Reg. No.	19581
Physician	1. Decedent's Name (First, Middle, Last)	7110		2. Dete of Month	Day Year	3. Time of Death
/Medical	RICHARd	Tutled	95		3 25 6	3 2330
Examiner	4a Facility Name (If not institution, give stre	eet end number)		4b. City, Town, or Location of De	ath 4c. County of Des	ith
	Unliversites.	of Mary IA	INCI	DATTIMENT	Coty N,	/ A
Funeral	5. Sociel Security Number 6. Sex		st birthday) If Under 1 Year Months Deys	If Under 24 Hrs. 8. Dete of Month,	Birth 9. Bir Day, Year) 9. Bir	thplece (State or Foreign ountry)
Director	213-36-6485	20 F 3	7 Yrs.	5/2	7 / 1//	aryland
2	Usual Residence of Decedent	10-01-	T			,
inyles	10a. State 10b. County		Town or Location			10d. Inside City Limits
the Ma	DE Sussex	Mı	llsboro			1 ☐ Yes 2 No
72 hours efter death with the Marylend natural", or items 23s or 26s-4 show deal Evant returned as ted by Funeral Director	10e. Street and Number		10f. Zip Code		10g. Citizen of What C	ountry?
23a	E. 757 Fleet St., B	ox C-21	1996	6	USA	
iter death with the Mai r items 23a or 28a-1 a receptual be notified Funeral Director		Wes Decedent Ever in U,S. Armed Forces?		lispanic Origin? (Specify Yes or an, Mexicen, Puerto Rican, etc.)	No- 14. Rece - Am- Black, Whi	
Fur Fur	1 ☐ Never Married 2 ☒ Married	1 X Yes 2 No If Yes, Give	1 ☐ Yes 2 ☐ No	Specify:		
5	3 Widowed 4 Divorced	Year or Dates:	12.00 25/110	ороспу.	Specify: wh	ite
r, the Medical	15. Decedent's Educat (Specify only highest grade c	ion ompleted)	16e. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	eation during most of working	16b. Kind of Business	/Industry
up ldu	Elementary/Secondary (0-12)	College (1-4or 5+)			U. S. Army	Corp.
ther the	12		Electrician	/Tech	of Eng	
to e	17. Fether's Name (First, Middle, Last)			18. Mother's Name (First, Mide	dle, Maiden Sumeme)	
marked matic e	Albert L. Rutled	ige		Mary Alvey		
sumatic every	19a. Informant's Name/Relationship (Type	Print)	19b. Mailing Address (Street	and Number or Rural Route Nu	mber, City or Town, State,	Zip Code)
	Betty Rutledge - wi	fe l	757 Fleet St	., Box C-21, M	illsboro. De	1. 19966
of Health item 27 r other tr	20a. Method of Disposition	20b. Pla	ce of Disposition (Name of netery, crematory or other plea	Date	20c. Location - City or	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	loval from State	dowridge Mem.	3/29/0	8 Elkridge	. Md.
Department Important: I any Injury o once.	21. Signature of Funeral Service Licensee	Tioux	22. Name and Addre	I GER		
one one		M	Cany I Vai	ufman [unama]	lome @ Meadow	vridge MP Inc
	Jeven Hill	Ma	7250 Washi	ngton Blvd., El	kridge, Md.	21075
	2.5 Part Enter the disease, or complice shock, or heart feilure. List only one	ceuse on each line.	Do not enter the mode of dyli	ig, such as cardiac or respirator	y arrest,	Approximate Interval Between Onset and Death
nysician Medical		11	/	•		- /-
aminer	immediate Cause (Final disease or condition resulting in death)	HSpine,	non previn	inia		29
	Todaking in doziny	Due to (or a	as a consequence of):			. 60
sit la		PHAOXIO	{			24
cian end buriel-transit	Sequentially list conditions,	// Due to (or a	is a consequence of):			1.
euno	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events	Mynoxic	main int	WY		24
s the bur	that initiated events resulting in death) Last	Due to (or a	s a consequence of)	0.		41
- W		Covenau	y antery	disease		10 year
for use	- 4.	0	, ,			
Physician/M	Part ii. Other significant conditions contri	outing to death but not result	ing in the underlying cause give	ven in Part i. 23b. D	id tobacco use contribut	te to the cause of death?
Phy	Adamara	m. In had	SECTION	19119	□Y00 2□No 3 N	robably 4 Unknown
be deteched by by Physic	- TOUNG CAT	CINOMA	200000	100		
sate hes been signe, page 2 should be d	Pool whihin	of stacks			as en autopsy 24b arformed?	. Were eutopsy findings available prior to
2 sh	1 1 1	1				completion of ceuse of death?
page 2	Heriphoral va	nular din	lare	1	□Yes 2□No	1 ☐ Yes 2 ☐ No
E o o	25. Was cese referred to medicel			26. Plece of Death (Check on	ly one)	
	examiner?	pitai: 1 Pinpatient 2 E	R/Outpatient 3 DOA Oth			ecify)
2 = -	27. Manner of Death		8b. Time of 28c. Injur		be how injury occurred	
After	1 BNaturei 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Year)		rk? Yes 2□No		
the fical	3 Suicide 6 Could not be	28e. Place of injury - At hom	ne, farm, street, factory, office	28f. Locatio	n (Street and Number or F	Rural Route Number,
completely filled in by the funeral Medical Certification:	4 Homicide determined	building, etc. (Specify)		City or	Town, State)	
D 0	29a. Certifier 16 Certifying Physic	ing. To the heat of our knowle	adag dooth occurred at the ti	me, date and place, and due to l	he cause(s) and manner (as stated
de de la constant de				me, date end plece, and due to to opinion, death occurred et the time		
Med	29b. Signature and title of certifier	and manifel Stated.	29c. Licens	se number	29d. Date signed (Mor	nth, Day, Year)
8	1 124	4.7	250. LIGHTS		2/2/2/20	
4	The Deit	141)	D28	,247	3/26/78	
ul	30. Neme and eddress of person who com	pleted ceuse of death (Item 2	23a) (Type, Print)			
41	Reith heuit	+ 22 000	the Greene	ST BAITI	near IND	
State	31. Date filed (Month, Day, Year)	32 Finglstrar's Signetu	Randell			
Registrar	MAR 2.7 1998	A manufactory				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item:18 per FH G-757 3/27/98 dh Certificate of Death Item: 1 per MD G-757 3/27/98 dh 1. Decedent's Name (First, Middle, Last) Rauenzahn 2. Date of Deeth **Physician** RAWENZAHN MARCH MURIEL 11:59 PM /Medical 4a. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Randallstown If Under 24 Hrs. 8. Dat Norhth West Medical Center Baltimore 6. Sex 1 □ M 2 □ F Birthplace (State or Foreign Country) 5. Social Security Number If Under 1 Year 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funerai** Days Hours Yrs. Director 170-18-8459 81 9-16-98 Connecticut the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits raist be notified at 1 ☐ Yas 2 ☑ No Director MD Baltimore Baltimore. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with Completed by Funeral 6401 Loch Raven Blud Hems 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, The Medical Examiner Black, Whita, atc. Never Marriad 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 21215-0020 5 1 ☐ Yes 2 No 3 Widowed 4 □ Divorced Specify: White. "natural", 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Peges 1 and 2 should be filled within nent of Health end Mental Hygiene. Int: If Item 27 is marked other than Iry or other treumetic event, the Ma Elementery/Secondary (0-12) College (1-4or 5+) Assembly Line Destinghouse Baltimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnan Be Mald Muller Maud Muller Clark Harry 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) J. Michael Holloway Light Street Suite 310 Baltimore MD 21202 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Spacify) Park Wood Cemetery 3-26-98 Baltimore 21. Signature of Fuperal Service Licensee 22. Name and Address of Facility 11824 Reisterstown Road Eline Funeral Home Reisterstown, MD 21136 Part 1. Each that dilease, or complications that caused the death. Do not enter shock, or heart milire. List only one causa on each line. Approximete Interval Between Onset and Death **Physician** /Medical Entropolitis Immediate Cause (Final NECROTIZINB mela disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed buriel-transit end Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequenca of): Box 68760 Physician/Medicai Due to (or as a consequenca of): USB P.O. been signed by the a should be detached t Part II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 □ No 3 □ Probably 4 □ Onknown by Be Completed 24a. Wes an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of daath? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital of a thending Physician: effer death. Director: After this certifica 25. Was case referred to medical examiner? director 26. Plece of Death (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28a. Date of fnjury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Natural 5 Pending investigation 1 Yes 2 No 2 Accident in by the 3 Suiclde 6 Could not be 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide • Funeral Medical Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner statad. 29a. Certifier

To the Hosp within 24 hor To the Fune completely fi

State Registrar

29b. Signature and title of

30. Name and addrey

s of person who completed eause of death (Item 23e) (Type, Print) INIPERIA JV. 31. Date filed (Month, Dey,

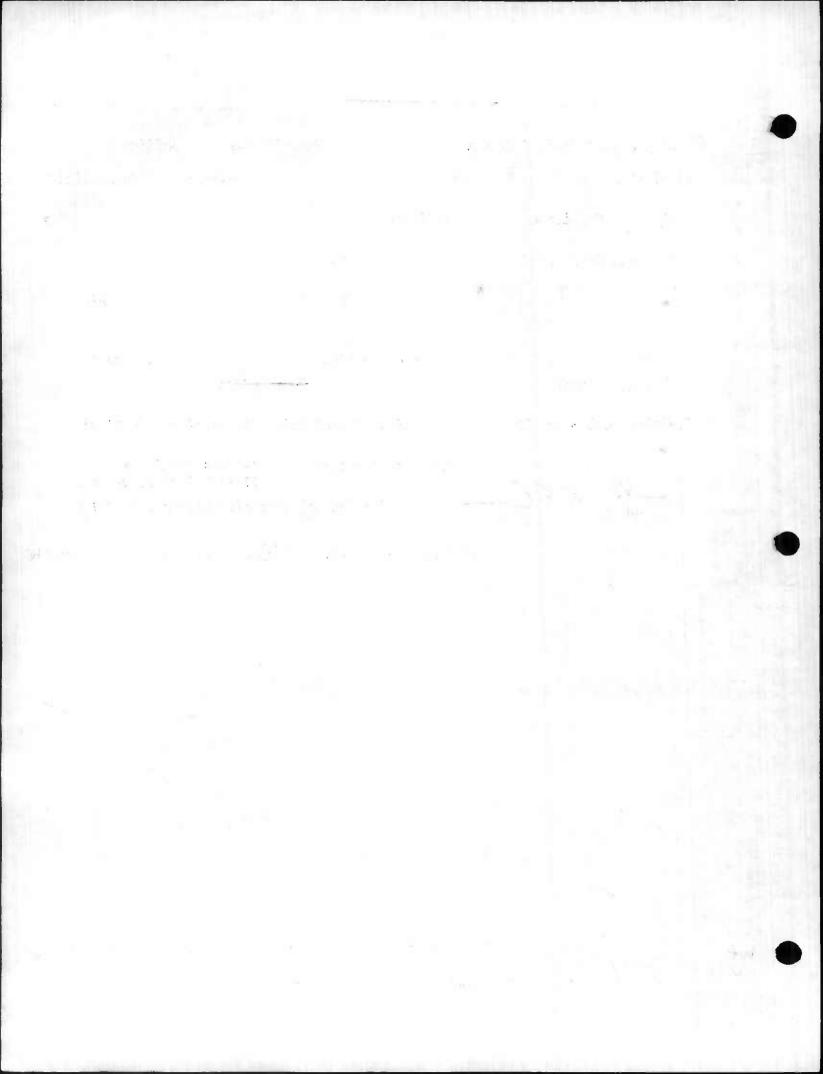
32. Registrar's Signature

MI

29c. Licensa number

044505

29d. Date signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2 Date of Death 3. Time of Death 24 1998 4c. County of Death Month **Physician** Varci /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give streat end number) **Examiner** If Under 24 Hrs IMORR If Undar 1 Yaar 8. Date of Birth Month, Dey 5. Social Security Number 6. Sex 7. Aga (In yrs. (ast birthday) Birthblace (Steta or Foraign Country) Funeral Days Hours 213-05-9552 Usual Residence of Decedent 1 M 2 F Yrs. **Director** 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Maryland Funeral Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 6 282 238 d 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14 Race - American Indian Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yaar or Dates: 1 Navar Married 2 Married 1 ☐ Yes 2 🕱 No Specify: by 3 Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) IVer 0 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surnema) Be 0 19a. Informant's Name/Relationship (Type, Print) (Friend) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Deaconhi 2 uani 20a. Method of Disposition 20b. Place of Disposition (Name of carrietery, premetory or other place) /Date 20c. Location -City or Town, Stata 1 Burlai 2 Cramation 3 Removal from State 30 8 4 Donation 5 □Othar (Spacify) 21. Signature of Funeral Servica Litenses 22 Name and Address of Facility Joseph 2222 v . 1 unera 23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock or hear failure. List only one cause on each line. Balto. Mid Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Physician/Medical Due to (or as a consequence of): ed by the el datached for Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown been signed by should be datac 3 Probably 1 Yes 2 No þ Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? has this certificate 2 1 No 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical examiner? Be 26. Piace of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 DER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Dev Year) 28c. Injury at Work? 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident

Division of Vital Records, P.O. Box 68760,

or Attending Physician: The law requires that the death certificata be asscuted funeral director, Aftar death. within 24 hours after death-within 24 hours after death-To the Funeral Director: A completaly filled in by the fo

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

Location (Street and Number or Rurel Route Number, City or Town, State)

29b. Signatura and title of cartifier

29c. License number

6 Could not be determined

29d. Date signed (Month, Dey, Year)

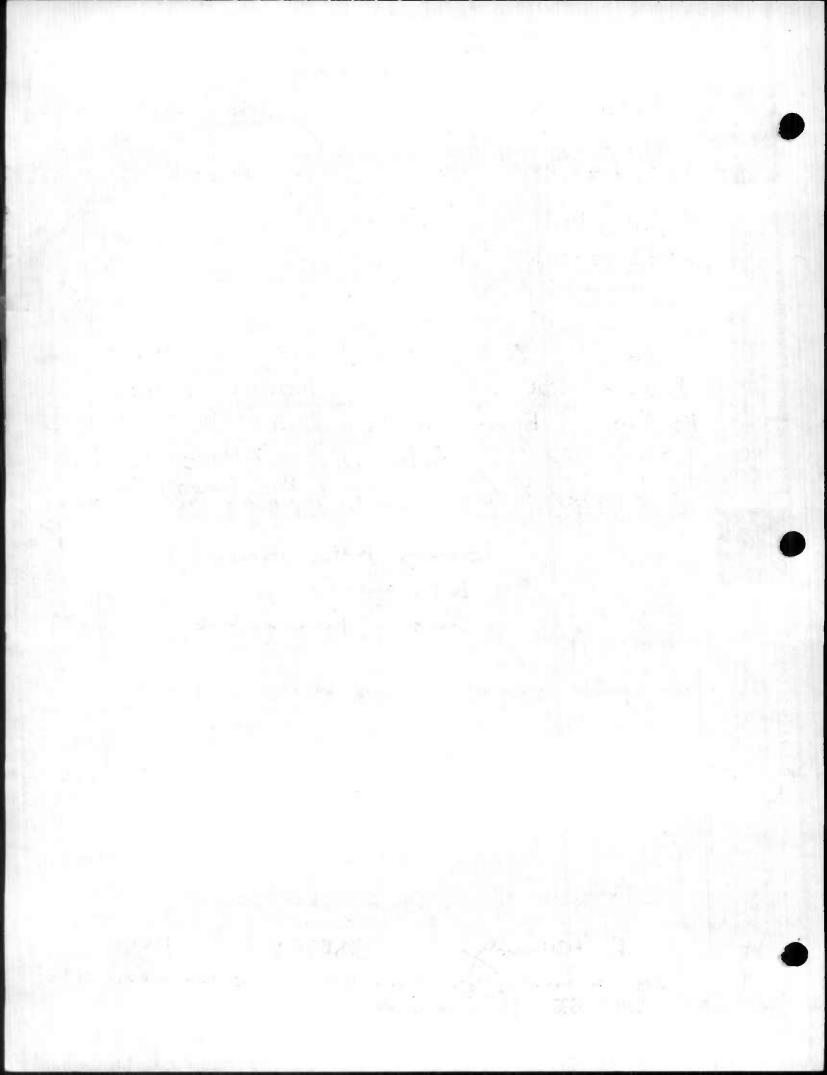
(Item 23a) (Type, Print)

5. Have ST Bolomne MDZ1225

State Registrar

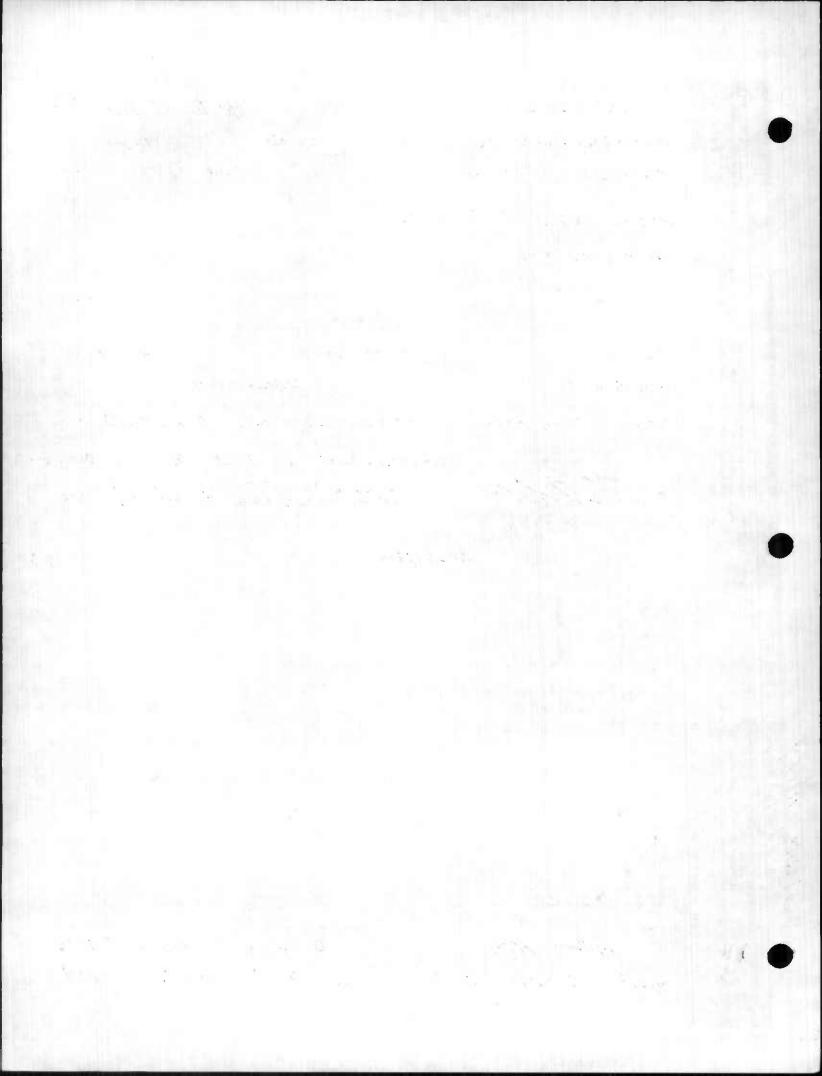
Medicai

DH



State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	Reg. No.	09584			
Di ini	Decedent's Nama (First, Middla, Last)		2. Dete of Death Month Dey	Year 3. Time of Death			
Physician /Medical	MARY ANN FRANCES STINES		march 25 1	998 4 A			
Examiner	4a Fecility Neme (If not institution, giva street end number)	4b. City, Town, or L	ocation of Death 4c. County	of Death			
	Mariner Health of Bel Air	Bel Air	Hart	Sord			
Funeral Director	5. Social Sacurity Number 6. Sex 1 ☐ M 2 ☒ F 86	last birthday) Yrs. If Under 1 Year Deys Hours Min.	8. Dete of Birth (Month, Dey, Yeer) Sept. 16, 1911	9. Birthpiece (State or Foreig Country) New York			
pue 🔉	Usuel Residence of Decedent 10e. State 10b. County 10c. Cit	ty, Town or Location		10d. Inside City Limits			
the Maryler 28a-f ahow nout at	Maryland Harford Be	el Air		1 □ Yas 2 🕅 N			
128a-1	10e. Sireet end Number	10f. Zip Code	10g. Citizen of W	/hat Country?			
3a or	300 Sunflower Drive	21014	U.S.A.	U.S.A.			
72 hours after death with the Maryland natural; or thems 23s or 28s4 show their Examinant be nothed a		I.S. Was Decedent of Hispenic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto		e - American Indien, k, White, etc.			
72 hours natural',	15. Decedent's Education	16a. Dacedant's Usuel Occupation	16b. Kind of Bu	siness/industry			
- c · a · -	(Specify only highest grade completed)	(Give kind of work dona during most of work life. DO NOT use retired)	king				
e filed within all Hygiene. I cother than 'r vent, the Ma	Elementery/Secondery (0-12) College (1-4or 5+) 10th grade	Factory Worker	Rubbe	r Factory			
be filed tal Hyg d other	17. Father's Name (First, Middla, Last)	18. Mothar's Nem	ne (First, Middle, Maiden Sumemi	ma)			
Midi yidilid A 1213-0020 d 2 should be filed within 72 hours af this and Mantal hygitene. The marked other than netural; or traumatic event, the Medical Energy To Be Completed by F	Leonard Gesell	Kathry	n Zimmer				
2 should be end Mental la marked caumatic ev	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Street and Number or Ru	ral Route Number, City or Town,	Stata, Zip Code)			
and 2 : alth er 27 la	Mariann K. Perry (Niece)	102 West Heather Road	d, Bel Air, MD.	. 21014			
of Haritan	1 Burial 2 Cremetion 3 Removel from State	Plece of Disposition (Neme of cemetery, cremetory or other plece) 22N Mount Crematory 3		City or Town, Stata Ore. Maruland			
permit. Page Department of important: If any Injury or once.	21. Signatura of Euroral Service Licensee	22. Name end Address of Fecility Schimunek Funeral t 610 W. MacPhail Roo					
-	23a Part 1 Enter the disease, or complications that caused the deet	th. Do not enter the mode of dving, such as cardiar	id, Bel Aur, Mi	O. 21014 Approximate			
Sharalalan	23a. Part1. Entar the disease, or complications that caused the deet shock, or heart feilure. List only one ceuse on each line.			tnterval Between Onset and Deeth			
Physician /Medical	Immediate Cause (Finel			2 11			
Examiner		sepsis		2 days			
_	Due to (c	or es e consequenca of):					
ficate be assecuted ficate be assecuted physicien and is the buriel-trensit edical Examiner	b	2.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2					
axecon and in and inel-tre	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undertyling Ceuse (Disease or Injury	or es e consequenca of):					
ficate be an physicien is the burie	I fried triffied dyells	or es e consequença of):					
. 2 6 5	resulting in deeth) Last	i es e consequenca orj.					
auth cer attendin for use							
d by th	Pert II. Other significant conditions contributing to death but not res	1 Ves 2 Vivo	23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknown				
requires been sign should be			24e. Wes en eutopsy performed?	24b. Were eutopsy findings evellable prior to			
as be				completion of cause of deeth?			
The law ate has page 2			1 Yes 2 No	1 ☐ Yes 2 ☐ No			
vitaliniciani The certificate rector, pag	25. Wes case referred to medical	28. Place of Dec	eth (Check only one)				
Physician: rhis certific ral director,	examiner? 1 Yes 20 No Hospital: 1 Inpatient 2	Out	loma 5 Residenca 6 □Othe	er (Specify)			
Attending Physical Colors After this by the funeral diffication: To	27. Manner of Deeth 1 Naturel 5 Pending (Month, Day Year) 2 Accident investigation	28b. Tima of Injury M	oma 5 Residenca 6 Dotner (Specify) 28d. Describe how injury occurred				
or Attending Physician: The law requires that after death. In the funeral director, page 2 should be certificated by entitication: To Be Completed by	2 Culaida 6 Could not be	ome, ferm, street, factory, office fy)	28f. Location (Street end Number or Rural Route Number, City or Town, State)				
Hospita 24 hours 24 hours Funeral Maly filled		owledge, deeth occurred et the time, date end pleca ation end/or investigation, in my opinion, deeth occu					
within 2 To the comple	29b. Signatura and title of certifiar	29c. License number		d (Month, Dey, Year)			
1 DH	> AR MD	D34052	March	25, 1448			
3	30. Neme end eddress of person who completed ceuse of death (Item 50)	with Avenue SILA	iv Mary) and	21014			
State Registrar	31. Date filed (Month, Dey, Year): 32. Registrar's Sign	urdson-Randsell					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth March 15 1998 LEROY SIMMONS 4b. City, Town, or Location of Death 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) SALISBURY If Under 24 Hrs. PENINSULA REGIONAL MEDICAL CENTER WICOMICO if Under 1 Yeer 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1⊠M 2□ F Months Deys Hours Min. Yrs. Dec. 2, 1915 unknown 720-12-2848 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2√ No Maryland Wicomico Salisbury 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 400 B. Patrick Avenue 21801 U.S.A. 12. Wes Decedent Ever in U,S, Armed Forces? 1 □ Yes 2 □ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 11. Maritel Status unknown 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) unknown unknown 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) 400 B. Patrick Avenue, Salisbury, Maryland 21801 William Hendricks/nephew 20b. Piaca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removei from Stete 4 □ Donetion 5 □ Qther (Specify) in state 22. Name end Address of Fecility State Anatomy Board, 655 W. Baltimore Street 21. Signature of Funeral Director arran Baltimore, Maryland 21201 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failufe. List only one cause on each line. Intarval Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in death) Acute Rend 22 Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury Due to (or es e consequence of): thet initieted events resulting in death) Lest Due to (or es e consequence of): 23b. Did tobacco use contributs to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy findings evellebte prior to completion of cause of death? 24e. Wes en autopsy performed? 1 Yes 2 PNo 1 Yes 212 No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menne of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of 5 Pending investigation 1 Neturel

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

à

Completed

2

Funeral

Director

than "natural, or items 23s or the Medical Examiner must be a

marked

permit. Pages 1 and 2 s Department of Health an Important: If Item 27 is r

Examiner

Physician/Medical g Completed Be OL Certification:

H. after dest Director:

Medical

Registrar

31. Dete filed (Month, Dey, Year) MAR 27 1998

29b. Signeture end little of certifier

6 Could not be determined

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

ealle 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

28e. Piece of injury - At home, farm, street, fectory, offica building, etc. (Specify)

262 Tighman Rd, Soksburg MD 21804 SCAR QUALITINOS ND

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner as stated.

2 Medical Examinar: On the basis of exemination end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end manner stated.

29c. License number

1 Yes 2 No

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

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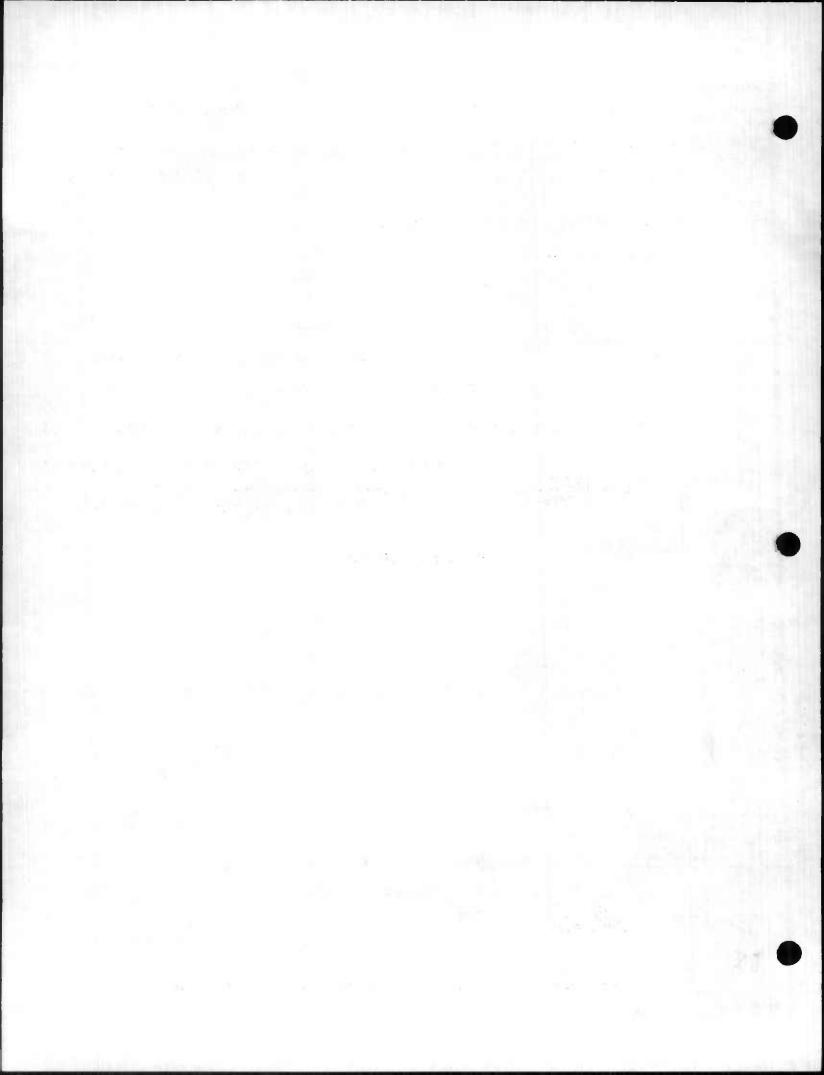
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg No. 9 5 8 6

Physician /Medical					C	Pertifica	ate of	Death		Reg. No.	US	000
		1. Decedent's Name (First, Middla, La	st)						2. Date of De		Veer	3. Time of Death
/iviedica:	-	ROBERT WII	LLIAM STEV	ENS					March	Dey 26 19	Yeer 998	9:02 am
Examiner	-	4a. Fecility Neme (If not Institution, giv						4b. City, Town, o	Location of Deet	h 4c. County	of Death	
Funeral Director		CARDINAL SHEHAN (5. Social Security Number 6. S 213-07-1542 Usuel Residence of Decedent		THE e (In yrs.	AGIN lest birtha Yrs	(ey) If Und	ler 1 Year s Days		n. (Month, De	Baltir ey, Year) 6, 1916	9. Birthple	ounty see (Stelf or Foreig y) yland
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100		10e. Street end Number				10f. 2	Zip Code			10g. Citizen of	Whet Counfr	y?
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xaminer munt	by rune	11. Marital Stetus 1 ☐ Never Merriad 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Wes Decedent Armed Forces? 1 Yas 2 1 If Yes, Give Yeer or Dates:	-1:541- 5	S.	_	edent of I pecify Cub 2X No	Hispenic Origin? (pan, Mexican, Pue Specify:	Specify Yes or No rto Rican, afc.)	Specif	ce - American ck, White, et y: Wh	
		15. Decedent's Ed	ducation		16e. De	ecedent's Us	suel Occu	pation		16b. Kind of B	usiness/Indu	ıstry
nt, the Medical Exa	0	(Specify only highest gre Elementery/Secondary (0-12)	ode completed) Coilege (1-4or 5	(+)	(G	ive kind of ve. DO NOT	vork done use retire	during most of world)	orking			
ent, the W	5	12th			Supt	of	Const	ruction		Oil Re	finer	У
5 0	0	17. Father's Name (First, Middle, Last)			1				ame (First, Middle			
To E	9	Lyman		Steve	ens			Cora			Twiss	
acm acm		19e. Informent's Neme/Reletionship (Type, Print)		19b. M	lailing Addre	ss (Street	t end Number or F	Rurel Route Numb	er, City or Town	Stete, Zip C	Coda)
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		27. Manner of Deeth ★CXNaturel 5 ☐ Pending	28e. Dete of injur (Month, De)	y Year)	28b. Tim Inju		28c. Inju Wo	ry at rk?	28d. Describe	how injury occur	w injury occurred	
y the	100	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Pleca of Inju	M 1 Yes 2 No					28f. Location (Street end Number or Rural Route Number, City or Town, State)			
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To the Funera completely fill Medical)	completed cause of de	eeth (Item	23e) (Tvi	pe, Print)	D	15504		3.2		
To the Funeral Dire completely filled in b Medical Certi		29b. Signeture english of certain 29b. 30. Neme end eddress of person who certain 20b. Eddie Nakh							Timonium		6. 9	

ROBERT STEVENS



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day 26 Month 9:45 Roger Sanders March 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 9. Birthplece (State of Foreign (Month), Day, Year) | 9. Birthplece (State of Foreign (Month), Day, Year) | 9. Carolina Baltimore Baltimore city Sinai Hospital of Baltimore, 2401 W. Belvedere Ave Birthplece (State of Foreign Country) 5. Social Security Number M 2□ F 078-28-5193 Usual Residence of Decedent 10d. Inside City Limits 10e State 10b. County 10c. City. Town or Location MD n/a 1 DYes 2 □ No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3500 Sequoia Avenue 21215 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes C ☑ No
If Yes, Give
Year or Dates: 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 Married 1 ☐ Yes 21 No Specify: Specify: B1ACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Beauty Supplies Entrepreneur 12th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Unknown Unknown 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Dorothy Sanders 3500 Sequoia Avenue, Balto., MD 21215 20b. Place of Disposition (Name of cemetery, crematory or other place) 3/30/98 Date 20a. Method of Disposition 20c. Location - City or Town, State 12 Burial 2 ☐ Cremetion 3 ☐ Removal from State Maryland National Mem. Park Laurel, Maryland 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Lice 22. Name and Address of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO.MD21207 or complications that carred the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ist only one cause on each line. Immediate Cause (Final 48 hours diseese or condition resulting in death) . Hyperosmolar Coma Due to (or as a consequence of) Ity per alycemia Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Insufficience that initiated events resulting in death) Last Due to (or as a consequenca of): Urosepsis Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown dementia (Alzheimer's) 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Hypertension 1 Yes 2E No 2 No. No. Coronary artery disease 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manger of Death 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 ☐ Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a, Certifier (Check only one)

29c. Licanse number

Shelley A. Quarless, PhD, Do, Dept. of Medicine Sinai Hospital of Baltimore, Baltimore, MD 21215

AS 2402321-59-9169

29d. Dete signed (Month, Day, Year)

26,

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice completely MA

> State Registrar

Physician

/Medical

Examiner

Director

Funeral

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Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Modical Examinal maint be notified at

pernit. Peges 1 end 2 should be filed within 7 Department of Health end Mentel Hygiene. Important: if item 27 is marked other than "r any fijury or other traumatic event, an Med ping."

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Division of Vital Records, P.O.

The law requires that the death certificate be

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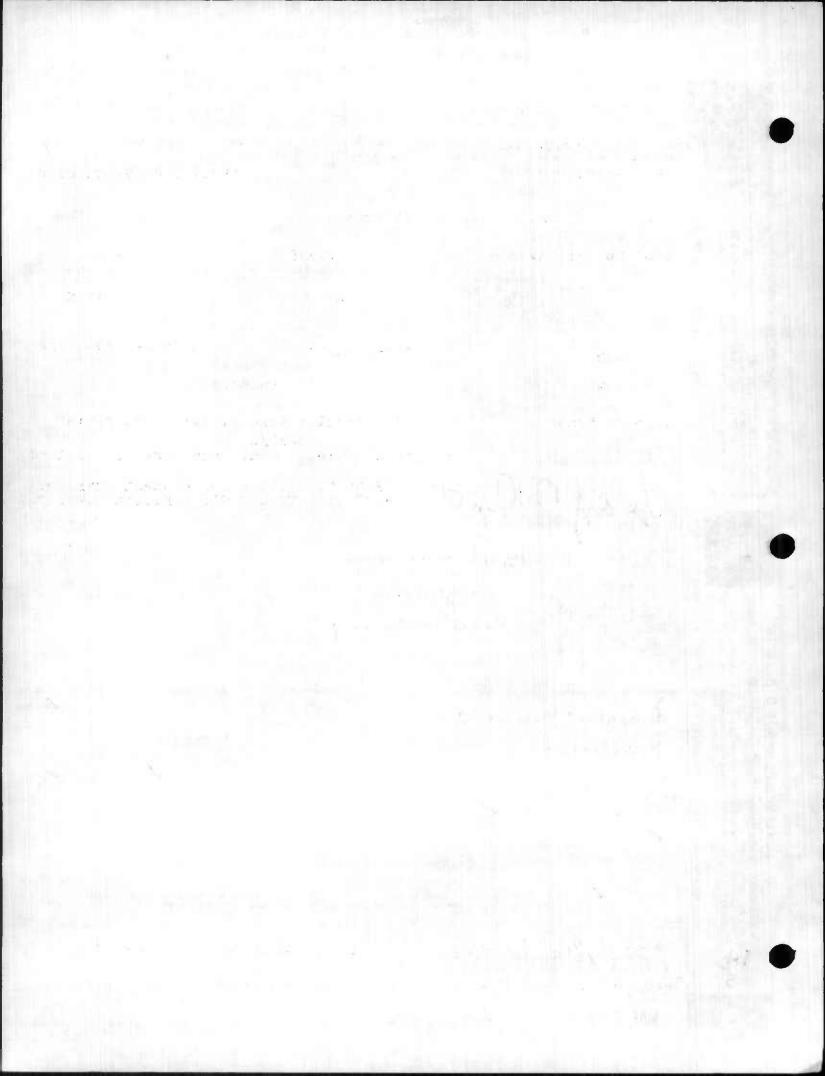
Baltimore, Maryland 21215-0020

31. Date tiled (Month, Day, Year)

29b. Signature and title of cartifier

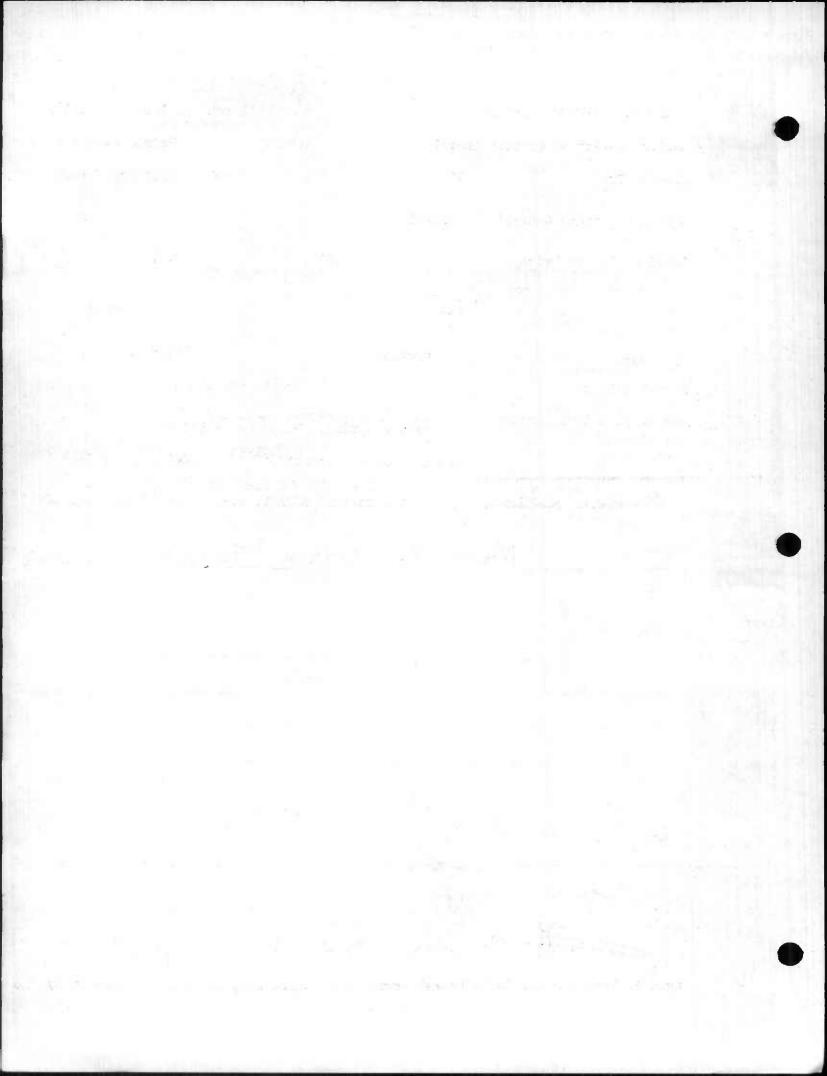
32. Registrer's Signature This Devidson Pandall

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

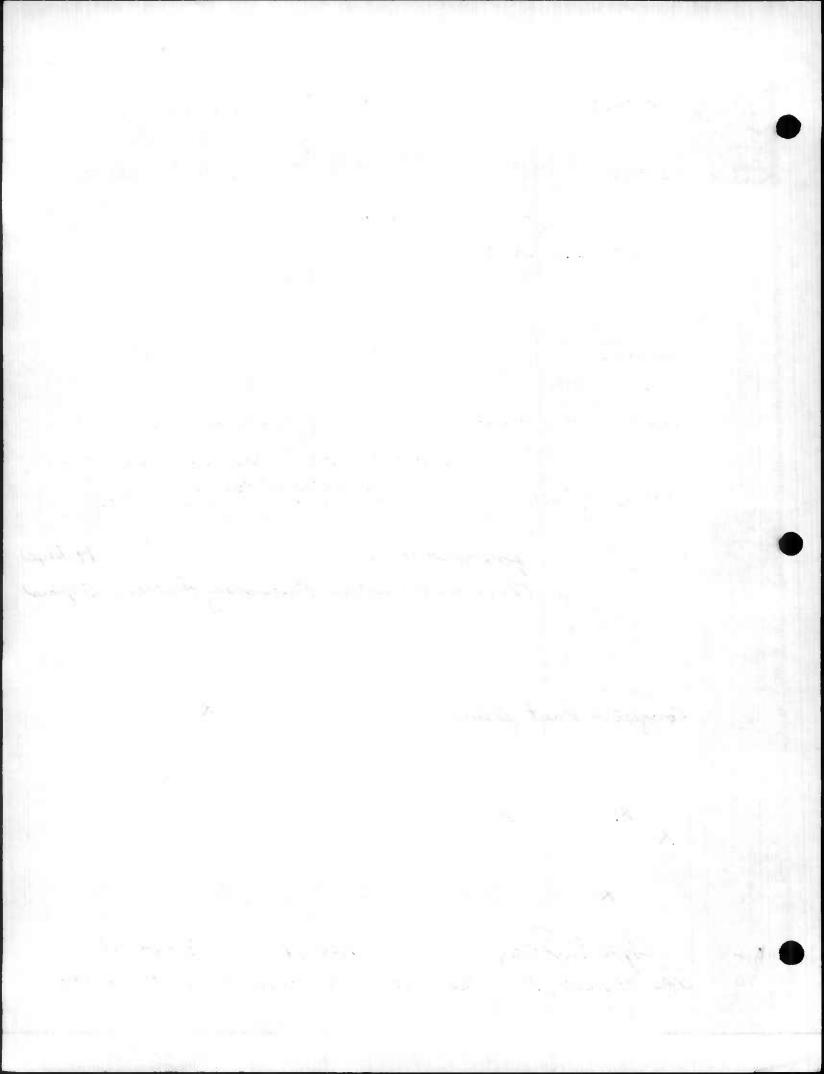
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Funeral		Social Security Number 6. Sa	x 7. Age (In yı	rs. last birthda	y) If Undar 1 Year Months Days	if Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day,	Year)	9. Birthplace	a (Stata or Foreign
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8 5 5		1 Burial 2 □ Cramation 3 □ F	Removal from State	cametery, cr	ematory or other pla	3/24/19 netery	Deta 2			
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To the Hospital within 24 hours a To the Funeral I complataly filled	edical	29a. Certifiar 1 ☐ Certifying Phy: (Check only one) 2 ☐ Madical Exami	sician: To the best of my kr ner: On tha basis of examinand mannar statad.	nowledge, dae nation and/or i	eth occurred at tha ti invastigetion, in my	ima, data and placa, ar opinion, daath occurre	nd dua to tha ca d at tha tima, da	usa(s) and ma ta and placa, a	nnar as state and dua to the	d. a causa(s)
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10		30. Nama end eddress of person who co						-		
W		Syed A. Sadiq, M.			owie Road	, Suite 20	8, Laure	el, Mar	yland	20707
Sta Regist		31. Dete filed (Month, Day, Yaar) MAR 27 1998	Julia Vildon-	fandell						



State of Maryland / Department of Health and Mental Hygiene 4 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Deeth MARGARET THURLOW **Physician** Month 15 MARCH um /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Good Samaritan Hospital Baltimore N/A If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
Hours Min. Sept. 17, 1914 Czechoslovakia 5. Social Security Number If Under 1 Year 7. Aga (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2 F Days 83 Yrs. Director 213-05-2381 Usual Rasidance of Decadent Pages 1 end 2 should be filed within 72 hours aftar death with the Maryland 10a Steta 10h County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Items 23a or 28a-f show 1 Yas 2 No Director Baltimore Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 Cameron Court, Apt. F 21236 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) Race - Amarican Indian, Black, Whita, atc. the Medical Examiner 1 ☐ Naver Married 2 ☐ Marriad 6 1 Yas 2 (No Specify: Specify: White Completed by 3 ☐ Widowed 4 ₺ Divorced "natural", 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedent's Education 16b. Kind of Businass/Industry (Specify only highest greda completed) al Hygiena. Elemantery/Secondery (0-12) Collaga (1-4or 5+) Packer 6th Grade Lab Supply Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any liqury or other traumatic event 2008. 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Victor Kaiser Elizabeth Kubicka 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Coda) Jean A. Burkhard (dghtr) 5 Cameron Court, Apt. F, Baltimore, MD 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Spacify) Gardens of Faith Cem. 3/27/98 Baltimore, Maryland 22. Nama and Addrass of Fecility
Schimunek Funeral Home, Inc. 21. Signatura of Funaral Service Licensas 9705 Belair Rd., Baltimore, MD 23a. Part 1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such es cerdiac or respiratory errest, shock, or heart tellure? List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immadiata Ceuse (Final disaasa or condition rasulting in daath) Examiner tructive Pulmorary disease Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to immadiata ceusa. Enter Undarlying Cause (Diseasa or injury that initiated avents rasulting in deeth) Last and Division of Vital Records, P.O. Box 68760. ettanding physician I for use as the buria Physician/Medical Dua to (or as e consequanca of): n signed by the el Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Congestive fleart failure Yas 2 No 3 Probably 4 Unknown by Completed 24b. Ware eutopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? cartificate has 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was cesa refarrad to medical 26. Pleca of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No P 1 Inpatiant 2 ER/Outpatient 3 DOA this Certification: 27. Menner of Death 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred After 1 Netural 2 Accident 5 Pending investigation or.
As efter de.
-al Director: A 1 Yas 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, State) 4 | HomicIda within 24 hours of To the Funeral C 29a. Certifier 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) the t 29b. Signatura and title of certifiar 29c. Licansa number 29d. Dete signed (Month, Day, Yaar) 30. Nama and address of parson who completed cause of daeth (Itam 23a) (Type, Print) SPERLING RAVEN BLUD BALTO. 5601 LOCH 32. Redistrar's Signature 31. Data filed (Month, Day, Yeer) State MAR 27 1998

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth 30 AM Month Marc 4b. City. Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth NA Hospita BALTO Samoritan D000 If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) Deys 1 M 2 F 216501530 50 MD Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No 10e. Streef end Numbar 10f. Zip Code 10g. Citizen of Whet Counfry? 1244 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Haca - American Indien, Black, White, etc. 11. Marifel Status 1 Never Married Married 1 ☐ Yes 2 No Specify. Specify: Black 3 ☐ Widowed 4 ☐ Divorcad 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life_DO NOT use retired) 15. Dacedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elamantary/Sacondary (0-12) 12th isabled Grade 17. Fefher's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) nknowh 10(A 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City of Town, State, Zip Code) 21239 Baltimore MD leridene 20b. Plece of Disposition (Name of cometery, cremetory or other p 20a. Method of Dispe Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donetlon 5 □ Other (Specify) cmelen 21. Sign (re of Funeral Service Licens 22. Neme end Address of Fecility Wm. C. HVR. March 23a. Pert1. Enter the disease, or complicefions thef caused the deeth. Do not entar tha moda of dying, such as cardiac or raspiratory shock, or heert failura. List only one cause on aech line. Approximata Intarvel Betw Onsef end Deeth Immediate Ceuse (Finel disease or condition resulting in death) METASTATIC CARCINOMA Due to (or as a consequanca of) Sequentielly list conditions, if eny, leeding to Immediate causa. Entar Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequance of): Dua to (or as e consequenca of) 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 → Unknown 1 Yes 2 No

Physician /Medical Examiner

permit. Pages 1 and 2 s Department of Haalth an Important: If Item 27 is. sny Injury or other trau

Physician

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Director

Pages 1 and 2 should be filed within 72 hours after death with the Meryland neat of Heath and Mantal Hyglene. In this if I fear 27 is marked other than "nature!", or items 23e or 28e-f show any or other traumatic syent, the Medical Evantment and the notified at any or other traumatic syent, the Medical Evantment and the notified at

Baltimore, Maryland 21215-0020

physician end s the buriel-transit attending ph been signed by the a should be detached f page 2 s certificate

The law requires that the death certificete be axecuted

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director.

Examiner Physician/Medical þ Completed 2 Certification:

Medical

H 10

31. Dete filed (Month, Dey, Year)
MAR 27 1998 State Registrar

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No 1 Tyes 20 No 25. Wes casa refarred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yas 2 1 No 1 Inpatienf 2 ER/Outpatient 3 DOA 28e. Data of Injury (Month, Day Year) 27. Menney of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accidant 3 ☐ Sulcide 6 Could not be 28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida 1 Certifying Physician: To tha bast of my knowledge, death occurred et tha tima, data and placa, and dua to tha cause(s) and mannar as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end placa, and dua to tha causa(s) end menner stated. 29a. Cartifier

29b. Signature end title of contifier 29c. License number

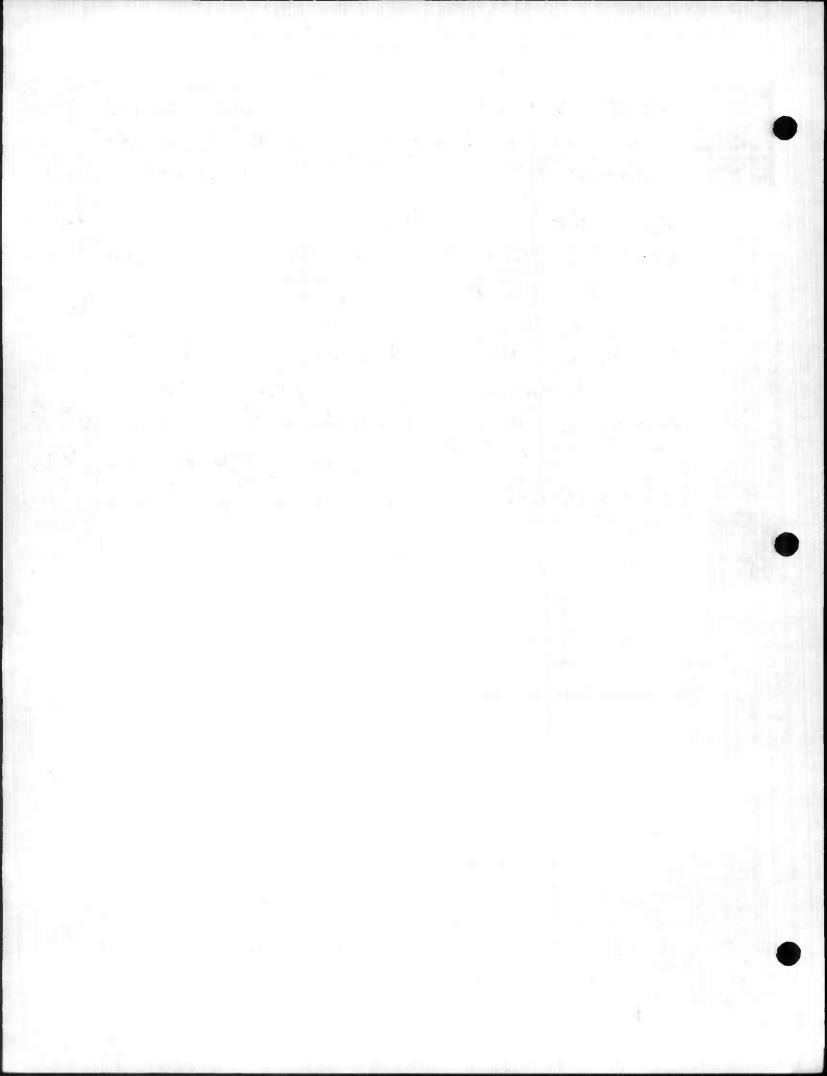
29d. Dete signed (Month, Dey, Year)

30. Nama endladdress of person who complated causa of death (Item 23e) (Type, Print) Ja/sep H SNIADACH Good

Samaritan

32 Registrar's Signature a Davidson-Randall

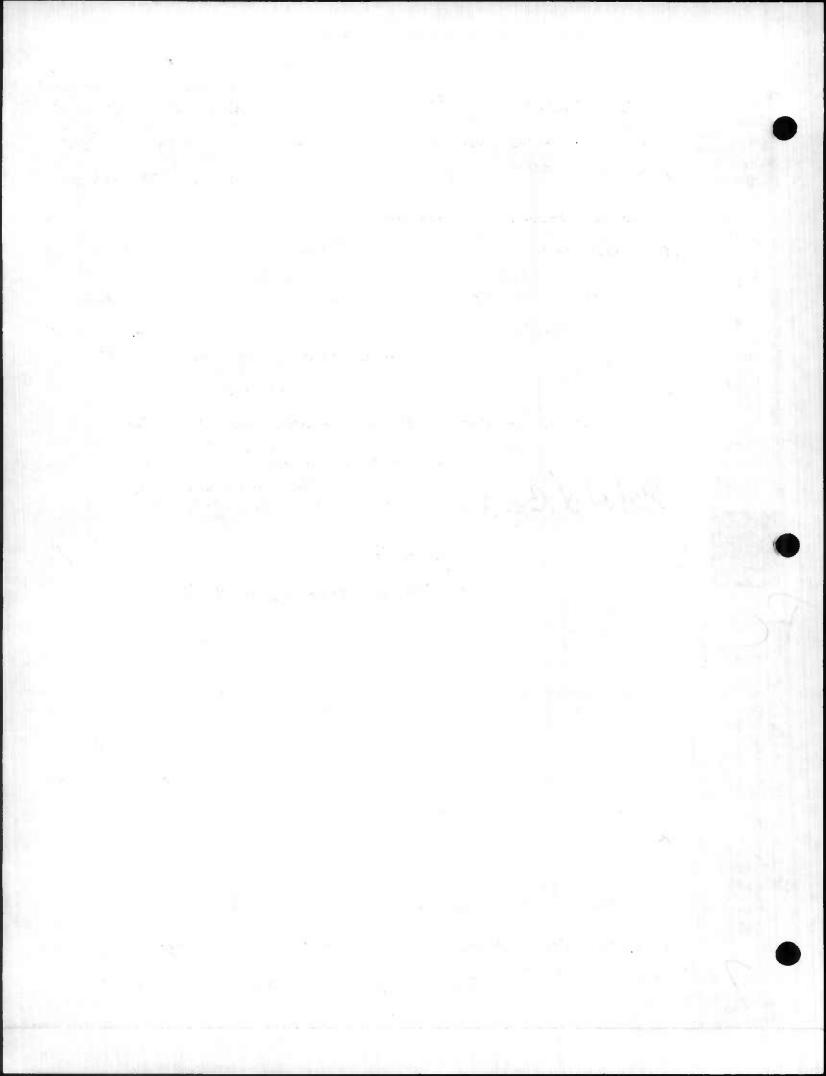
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth Month 3. Time of Deeth 6:20 PM **Physician** ALEXANDER MARCH /Medical 4a. Facility Nema (If not Institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Examiner Greater Laurel Regional Hospital Laurel Prince George's 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** PENM 2□ F Deys Yrs. Director 578 36 4365 Jan. 31, 1909 Washington D.C. Usual Residence of Dacadant with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 ☐ Yas 2 ☐ No Maryland Anne Arundel Annapolis Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 2563 Helaine Hamlet 21401 United States death Funeral 12. Was Decedant Evar In U.S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 11. Maritel Status 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after beget ment of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or the any injury or other traumatic event, the Maxical Exercises. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: à White 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) Department of Elemantary/Secondery (0-12) Collega (1-4or 5+) Defense 8 Director of Defense Telephones 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surneme) Be Norman Tate 2 Nettie Peck 19a. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Phyllis A. Conrad Daughter 2563 Helaine Hamlet Annapolis Maryland 21401 20b. Placa of Disposition (Nama of camatary, crematory or other placa) March 30, 1998 20e. Mathod of Disposition Burial 2 Cramation 3 Removal from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Lakemont Memorial Gardens Davidsonville Maryland of Furteral Service Light 22. Nama and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 hat a used the death. Do not antar the mode of dying, such as cardlec or respiretory errest, on each line. 23a. Pert1. Entar tha disaasa, or complication shock, or haart failura. List only one Physician 1 hour /Medicai Immediata Cause (Final disaase or condition rasulting in deeth) **Examiner** agen Dypniotelity Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Ceusa (Disaasa or Injury that initiated avents resulting In daath) Last 68760 8 Physician/Medical 8 Dua to (or as a consequence of): attending P.O. Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was en eutopsy performad? 1 Yas 2 X No 1 Yas 2 No Be 25. Was casa raferred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 PR/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 2 this filled in by the funeral 27. Menner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After Attending 5 Panding invastigation 1 Natural death. 1 ☐ Yas 2 ☐ No 2 Accidant To the Hospital or Attend within 24 hours efter death To the Funeral Director:.. 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, date and plece, end due to the cause(s) and mannar as steted.

Medical Exeminer: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, deta and place, and due to the cause(s) end mannar stated. 29a. Certifia 29b. Signetura end titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) Andew fleweld March 25,1998 30. Name end address of person who completed causa of death (Item 23a) (Type, Print) Line Laurel, Ald 20707 KUNDAAT, M.O. 8317 Chorry 31. Data filed (Month, Day, Year) MAR 27 1998 32 Registrario Signatura
Jana Dandon-Randolle Registrar

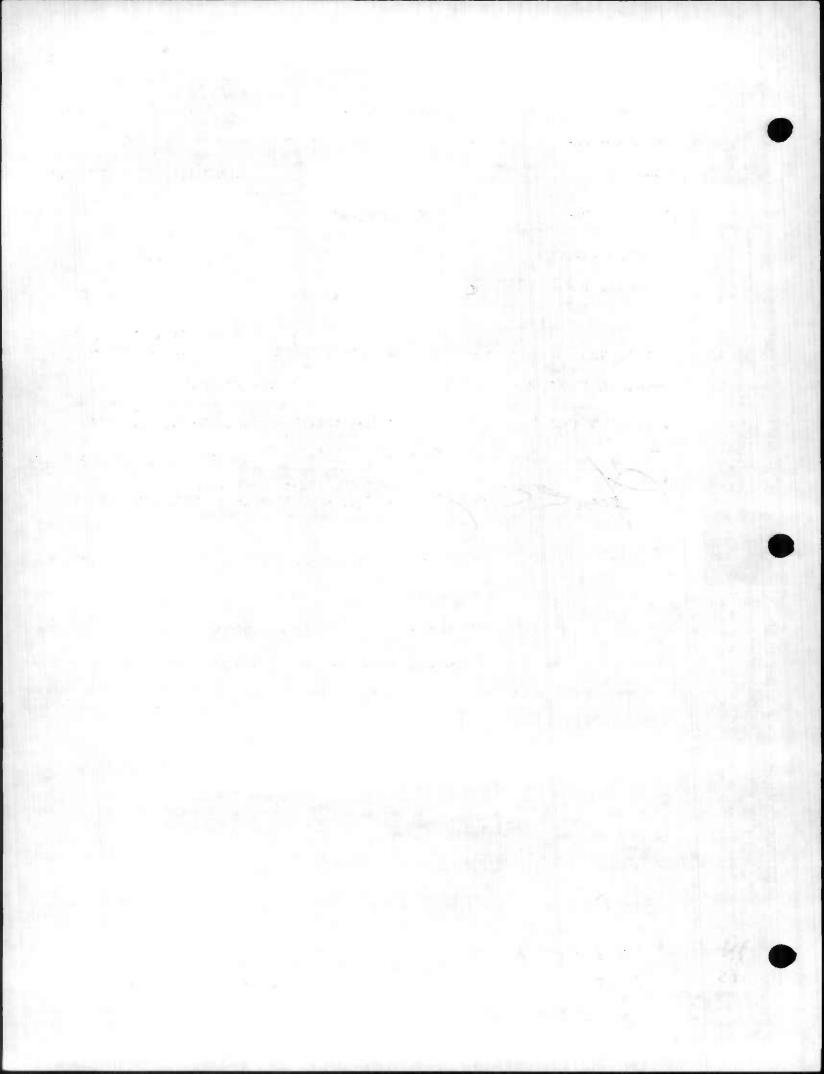


State of Maryland / Department of Health and Mental Hygiene R Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** MARCH 24, RUSSE 11 1998 22:14 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days 128M 2□ F Yrs. 35 JEANETTE, PA Director 164-60-2320 MARCH 1,1963 Usual Residence of Decedent 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location PA LYCOMINA WILLIAMSPORT 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 41 KEYSER CIRCLE 17701 U.S.A. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 W No If Yes, Give 11. Marital Stetus Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE ò 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) PENNSYLVANIA COLLEGE Elementary/Secondary (0-12) College (1-4or 5+) OF TECHNOLOGY PROGRAM DIRECTOR 12TH GRADE 10 YRS 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) RUSSELL M. TRAPP, SR. DOROTHY PERKINS 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) JANE TRAPP (WIFE) 41 KEYSER CIRCLE - WILLIAMSPORT, PA. 17701 20a. Method of Disposition 20b. Placa of Disposition (Name of 20c. Location - City or Town, State IMMACULATE CONCEPTION 1 Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ other (Specify) 3/28/98 NORTH HUNTINGDON, PA CEMETERY ral Servica Licansee 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part1. Error the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Intracranial Homorhaic 4 hours Examiner Due to (or es a consequence of): Examiner 6 days Congulovathy physician and the buriel-transit Tha law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequenca of) Hendyhe Anemia Records, P.O. Box 68760 Microensjejisthic

Due to (or as a consequence of): Physician/Medical of Biling System attending p 6 Manths netastatiz Covemona signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No by 24b. Were autopsy findings available prior to completion of cause of death? been si Completed 24a. Was en eutopsy performed? is cartificata has director, paga 2 1 ☐ Yas 25 No 1'X Yes 2 □ No Division of Vital or Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1' Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To funeral 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Aftar 1-Neturel 5 Pending daath. 1 Tyes 2 No investigation 2 ☐ Accident by tha f 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or Att within 24 hours after d To the Funeral Direct completaly filled in by 4 ☐ Homicide 29a. Certifier 15 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edicai 2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signature end title of certifier RES-000 March 24, 1998 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) laul Wang, mo Hospital; 600 N. Wolfe St., Baltimore, MD 21287 Johns Heirken 32. Registrar's Signeture 31. Date filed (Month, Day, Year)

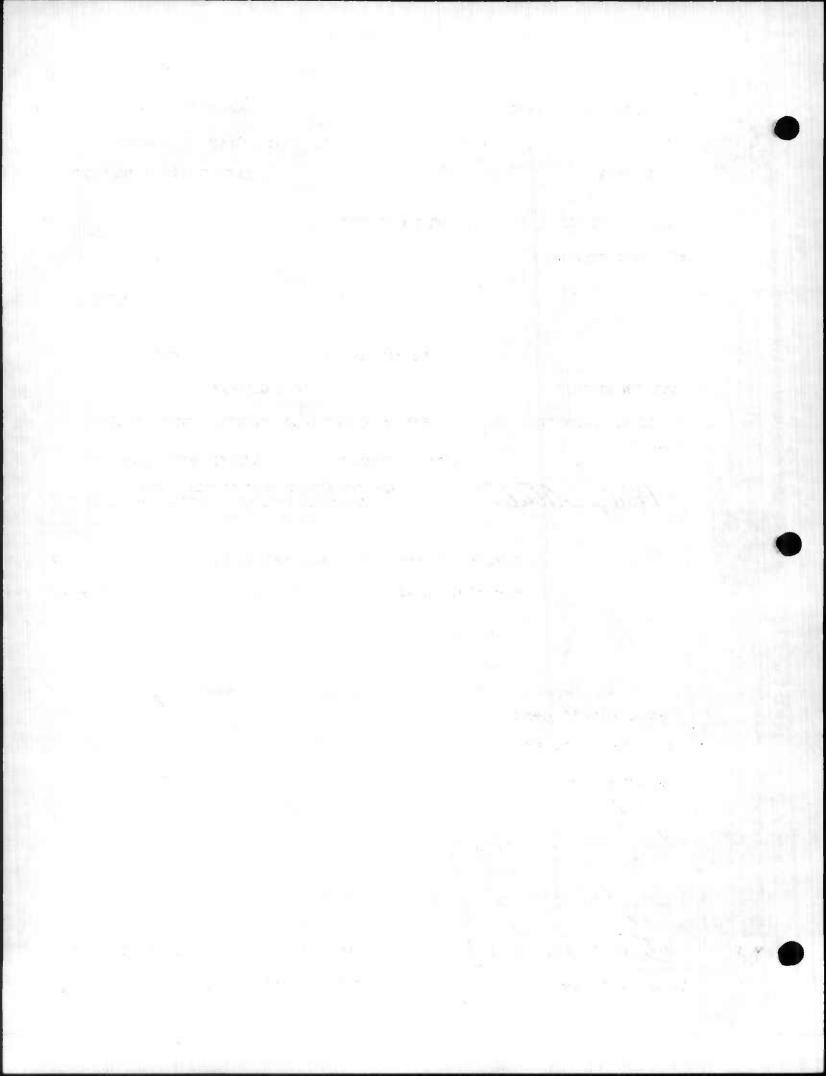
Registrar

MAR 27 1998

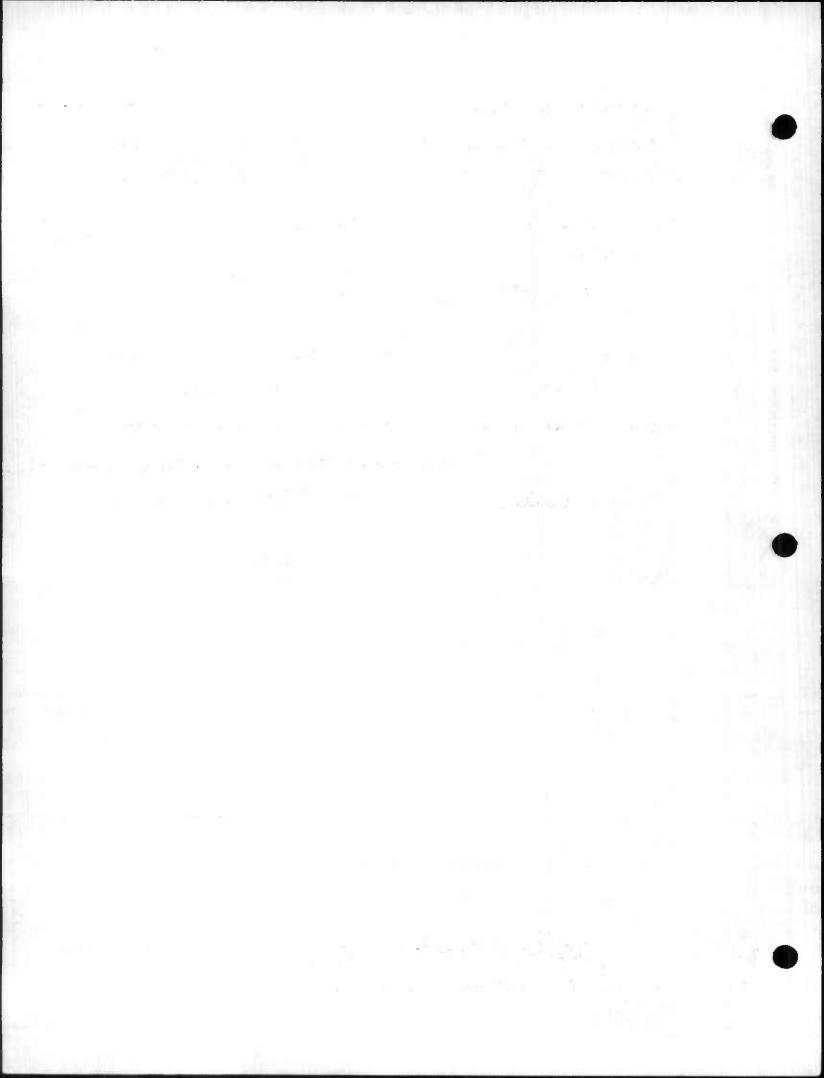


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DHMH 16 Rev 6/95



Item:26 pe	r M	G-757 3/27/98 dh	Maryland /	Certificate of		ental mygle Reg.		9094
Physic /Med		1. Decedant's Nama (First, Middle, Last) George Howard Wilmo	ot			2. Dete of Death Month March	Day Year 24, 1998	3. Time of Death 7:14 PM
Exami Funeral Director		4e. Facility Name (If not institution, give street and number Franklin Square Hospi 5. Social Security Number 6. Sex 1 1 M 2 F	tal Cente	al Center Roseda Aga (In yrs. last birthdey) H Undar 1 Yaar H Undar 24 Hrs.			4c. County of Death Baltimore 9. Birthp Coun 922 Mary	lece (Stete or Foreign
n the Meryland r 28a-f show	tor	Usual Rasidanca of Decedent 10a. State 10b. County Maryland Baltimore	10c. City, Tov	vn or Location Baltin			0d. insida City Limits 1 ☐ Yas 2 🖔 No	
th with the 23s or 28, ust be not	al Director	10e. Street and Number 4312 Soth Avenue		10f. Zip Code 2 1 2 3	10g.	Citizen of Whet Coun	try?	
tar dee Nems	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 1 Nevar Married 2 Married 3 Widowed 4 Divorced 12. Was Deced Armed Force 1 Yes 2 14. Was Deced Armed Force 1 Yes 2 15. Was Deced Armed Force 1 Yes 2 16. Yes 2 17. Was Deced Armed Force	□ No	13. Wes Decedent of Hill Yas, specify Cubi	fispanic Origin? (Spec an, Maxican, Puarto R Specify:	14. Race - Americ Bleck, White, Specify: Wh	etc.	
d 21215-0020 filed within 72 hours of Hygiene. other than "naturel", or out, the Modical Exam	Be Completed	15. Decedent's Education (Specify only highest grade complated) Elamentary/Secondary (0-12) College (1-4	pation during most of working d)	g 16l	b. Kind of Businass/Inc	lustry		
be file doth	To Be C	17. Fathar's Nama (First, Middla, Last) Gilbert Wilmot			18. Mother's Neme	will	iden Surnema) LAMS	
		19a. Informant's Neme/Ralettonship (Type, Print) Angela G. Wilmot (wif) 20a. Method of Disposition	2)	b. Mailing Address (Street 4312 Soth A of Disposition (Neme of		imore, MI		
TO Pege			ate cemate	d Heart of]	lesusCem. 3	3/28/98 E	Baltimore,	Maryland
Baltile permit. F Departme Importan eny Injur		Buin a. Willen	lead the death. Do	Schimune 9705 Bel	k Funeral air Rd B	Home, In Saltimore	MD 2123	6
Physician /Medical Examiner		23a. Pert1. Enter the diseesa, or complications that coushock, or haart failura. List only one cause on each shock. Immediate Cause (Final disease or condition resulting in death)	Due to (or as e	urdiaca	rath	ma -	9	Approximate Interval Between Onset and Death
X 68760, certificate be executed ding physician end ise as the buriel-transit	/Medical Examiner	Sequantially list conditions, if any, laading to immediate cause. Entar Underlying Ceuss (Disease or injury that initiated events rasuiting in death) Last	Due to (or as a	consequence of:	uctions Usease		8	ecorda
ds, P.O. Box 6 irres that the death certific signed by the attending of the detached for use as	Physician/M	Part II. Other significant conditions contributing to deal	th but not resulting	in the underlying causa giv	van in Part I.		cco use contribute to	the cause of death?
aw requisite the second	Completed by					24e. Was an a performe	d? ave	ore autopsy findings aliable prior to appletion of cause deeth?
f Vital Re ysician: The lass certificate he director, page	Be Cor	25. Was case referred to medical examiner?			28. Place of Death	1 ☐ Yes (Check only one)	2000 10	Yes 28tho
ion of Vita nding Physician: ath. r: After this certific	2	1 ☐ Yas 25 No Hospitel: 1 ☐ Ing. 27. Manner of Death 28a. Date of	Injury 28b.	Time of 28c. Injury Wor	4 LI Nursing Hom	e Procident 8d. Describe how	● 6 ☐Other (Specify injury occurred	y)
Division o To the Hospital or Attending PP within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Certification:	4 Homicide building	, etc. (Specify)	arm, street, fectory, office		City or Town, S		
he Hosp in 24 ho he Fune pletely f	edical	29a. Certifler (Check only one) 2 Medical Examiner: On the bas and menne	s of axaminetion er	e, death occurred at the tir nd/or investigetion, in my o	me, date and piece, ar opinion, death occurre	nd due to the ceus d at the time, dete	se(s) end menner as si and piece, and dua to	ated. tha cause(s)
DH	M	29b. Signature and title of certifler 30. Name and address of person who completed cause	Cool	(Type, Print)	e number 34650	29d.	Date signed (Month,) March 25,	
141		Dr. Jeffrey Cool, 9712 1	Belair Rd	., Baltimore	2, MD 212.	36		
Sta Regist		31. Date filed (Month, Dey, Year) 32. Reg	istrar's Signeture	-Randalle				

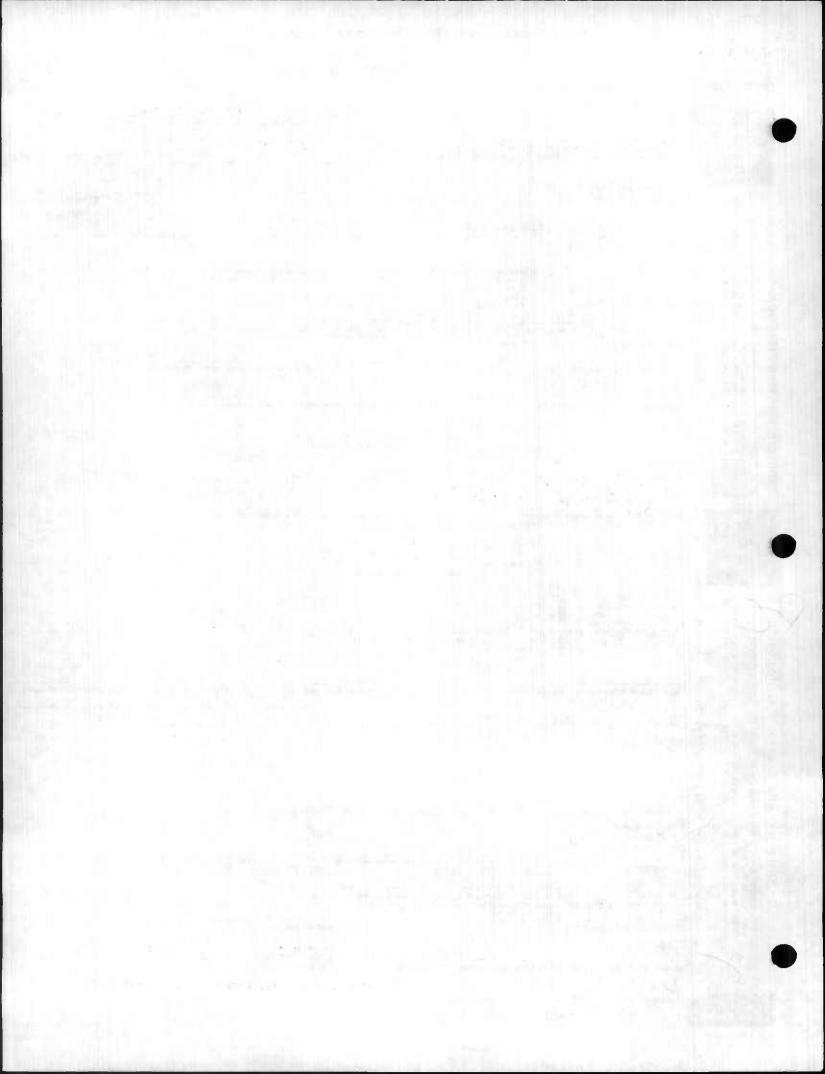


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg No 9 8 0 9 5 9 5

sician		Decedent's Nam	ne (First, Middle, I	Last)							2. Date of D	Death Day	Year	3. Time o	f Death
edical	J	ean Esth	er Wiggi	ns							MARCH	I 25, 199	98	2244	PM_
miner	4a Facility Name (If not institution, give street and number)								4b. City, T	own, or I	ocation of De		y of Death		
	2503 EAST PRESTON STREET						BALTIMORE CITY Registrology # Under 1 Year # Under 24 Hrs 9 Date of Birth								
	5. Social Sacurity Number 6. Sax 1 M 2 F 60					00	birthday) If Undar 1 Year If Under 24 Hrs. 8. Date of E Months Days Hours Min. Feb 3,					Birth Day, Year) 1938 M	9. Bint	nplace (State untry) and	or Fore
		sual Residence o							1	1 ,	, 1936 Malyland				
		Da. State	10b. County		10c. City, Town or Location								10d. inside (
to	MI		N/A		Ba	ltimo	re							Y□Ye	2 N
irec	10	10e. Street snd Number						10f. Zip Cod	ө			10g. Citizen of	What Co	untry?	
ai	25	2503 East Preston Street						21213				United S	State	es	
its field within 72 hours after death with the Maryland tall Hygiene its Hygiene or 18a-f show orther than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at section of the field by Funeral Director	11	11. Marital Status 12. Wes			edent Evar In	U,S.	13. Was	s Decedant o	of Hispanic O	rigin? (S	pecify Yas or to Rican, etc.)	No- 14. Ra	ce - Amar	rican Indian,	
			ied 2□ Married	1 ☐ Yes If Yes, Gi	1 DVac ADNo			Yes Zon						,, 0.00	
	_	∛ □ Widowed	4 Divorced	Year or E	ates:							Biad			
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mp		Elamentary/Seco	ondary (0-12)	College (1-4or 5+)		esti		irea)			111,000		1	
S	17		(First, Middle, La	st)					18. Moth	her's Nan	ne (First, Midd	lie, Maidan Sumai	ma)		
permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or eny injury or other traumatic event, the Wedical Examples. To Be Completed by F	J		William	·								hillips	,		
	-	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City							ber. City or Town	. State. Z	(ip Code)				
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	20	a. Mathod of Dis				Place of	Dispositio	on (Name of	nla on l	h	Data Iar 28	20c. Location	- City or	Town, State	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death **Physician** Month Elizabeth Watson March /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Hospital North west Randallstown Bultmore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 F 95 Yrs. Director 212-01-3651 Usual Residence of Decedent Dec. 1, 1902 Baltimore 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Arbutus 10f. Zip Code Maryland Baltimore 10g. Citizen of What Country? 5 Itams 23s 1305 Poplar Avenue death Funeral USA 14. Race - Americen Indien, Bleck, White, etc. 21227 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) pernit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important if Item 27 Is marked other than "natural", or flat any injury or other traumetic event, the Medical Examine ones. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married by Specify: white 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) accounting clerk retail 17. Father's Neme (First, Middle, Lest) 18. Mothar's Name (First, Middle, Maldan Sumame) Be Frank Hagemann Matilda Hildebrand 19b. Mailing Addrass (Street end Number or Rurel Routa Numbar, City or Town, Stete, Zip Coda) 19a. fnforment's Name/Reletionship (Type, Print) 6823 Ridge Road Marriottsville, Md. 2'ce of Disposition (Name of Date 20c. Location - City or Town, Stete Claude E. Watson cousin 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Cemetery3/26/98 Baltimore, Md. 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility Ambrose Funeral Home, Inc. Part Enter the disease, or complications that caused the death. Do not arrival 8 od Sityinp hours casing the property and shock, or haart fellure. List only one cause on each line. Approximata Interval Betw Onset end Deeth Physician Immediate Ceuse (Finel Acute anterror myocardal intanctron disease or condition resulting in death) Examiner Physician/Medical Examiner physician and s the bunel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, laading to Immediate ceusa. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in death) Last Dua to (or es e consequance of). Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Tulmonary edema signed b þ 24b. Were autopsy findings evailable prior to completion of ceuse of deeth? Be Completed 24a. Was en eutopsy performed? page 2 1 Yes 2 No this certificete director. 25. Was cesa referred to medical 26. Placa of Daath (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral i 27. Manner of Death 28a. Data of fnjury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 Z Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be detarmined 3 ☐ Suicide 28a. Place of Injury - At home, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) end manner stated.

State Registrar

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(Check only

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31. Date filed (Month, Day, Yeer) MAR 27 1998

29b. Signature and title of certifier

Old Court 32. Pegistrer's Signature

Signature

Andelle

30. Name and address of parson who completed ceusa of deeth (Item 23a) (Type, Print)

5401

29c. License number

Randallstown MD

29d. Date signed (Month, Dey, Year)

1998

March 24

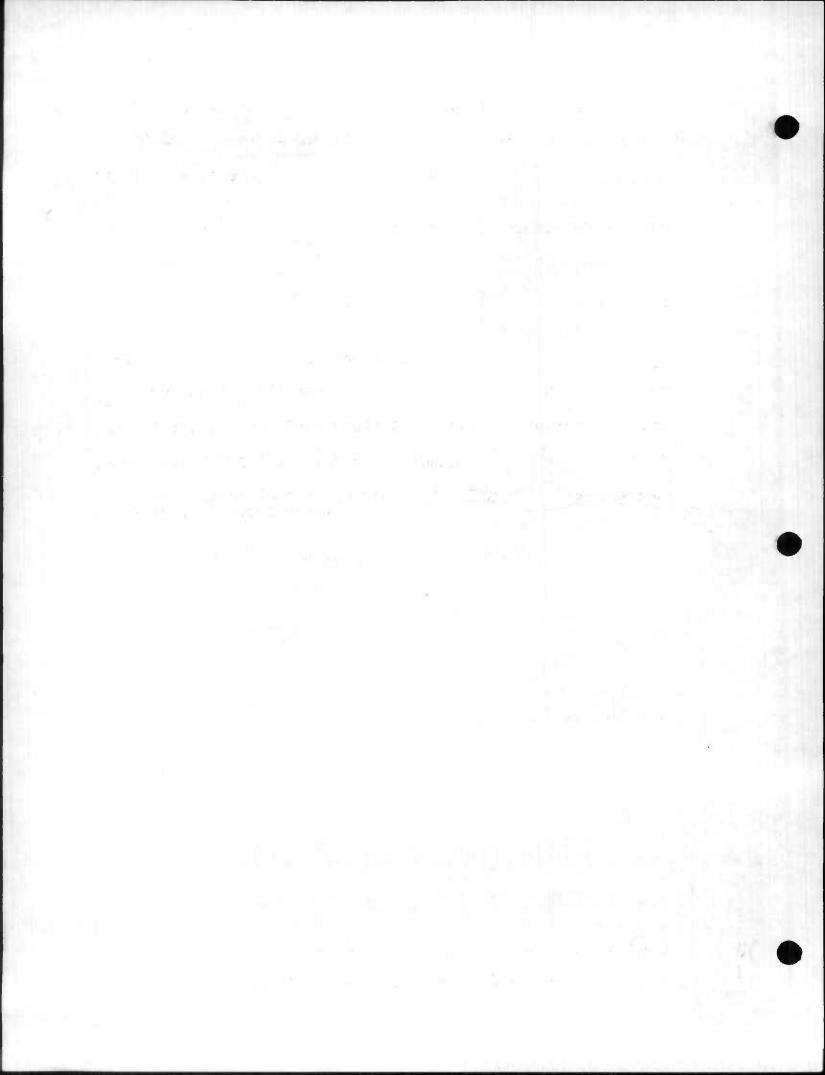
Baltimore, Maryland 21215-0020

P.O. Box 68760.

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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2. Dete of Deeth

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MAR 27 1998

32. Registrar's Signeture

whice Davidson

1. Decedent's Nama (First, Middle, Last)

Physician MARGARET RUTH WYCHULIS March 25, 1998 /Medicai 8:31 am 4a. Fecility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Stella Maris Hospice Baltimore County Baltimore If Undar 1 Yaar | If Undar 24 Hrs. yrs. last birthdey) Birthpleca (Stata or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Months Deys Hours Yrs. February 6, 1940 Baltimore, Maryland . City, Town or Location 10d. Inside City Limits 1 Yes 2 No erry Hall XX 10f. Zlp Code 10g. Citizen of Whet Country? 21128 USA Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) in U.S. 14. Race - Amarican Indian, Bleck, White, etc. 1 ☐ Yes 2xx No Specify: Specify: White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Secretary Continental Reality 18. Mother's Neme (First, Middle, Maiden Sumeme) Ruth Catherine Gerst 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 8738 B Gerst Avenue Perry Hall, Maryland 21128 Ob. Piece of Disposition (Name of cometery, cremetory or other place) 20c. Location - City or Town, Stete St. Joseph Church Cem. March 28, 1998 Baltimore, Maryland 22. Neme end Address of Fecility Lassahn Funeral Home, Inc. DCL. 7401 Belair Road Baltimore, Maryland 21236-4625 death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset and Deeth tic Breast Cancer to (or es e consequenca of): matous Meningitis to (or es e consequence of): to (or as a consequence of): resulting In the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🕅 Unknown 24b. Were eutopsy findings evelleble prior to 24e. Was en autopsy performed? completion of cause of death? 1 Yes 2 No 1 Yes 2 No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) examinar? Other: 4 Nursing Home 5 Residence 8 MOther (SpecifyHOSPICE Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 9 1 ☐ Yes 2X No 28a. Date of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 XNaturel Injury 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end dua to the ceusa(s) and menner es steted.
2 Medical Exeminer: On the best of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical 29b. Signature and tile of certifier 29c. License number 29d. Date signed (Month, Day, Year) 9 144128 30. Nama end address of person who completed cause of deeth (Item 23e) (Type, Print) DR. PENELOPE EDWARDS, 2300 DULANEY VALLEY RD., TIMONIUM, MD 21093

DHMH 16 Rev 6/95

State

Registrar

certificate

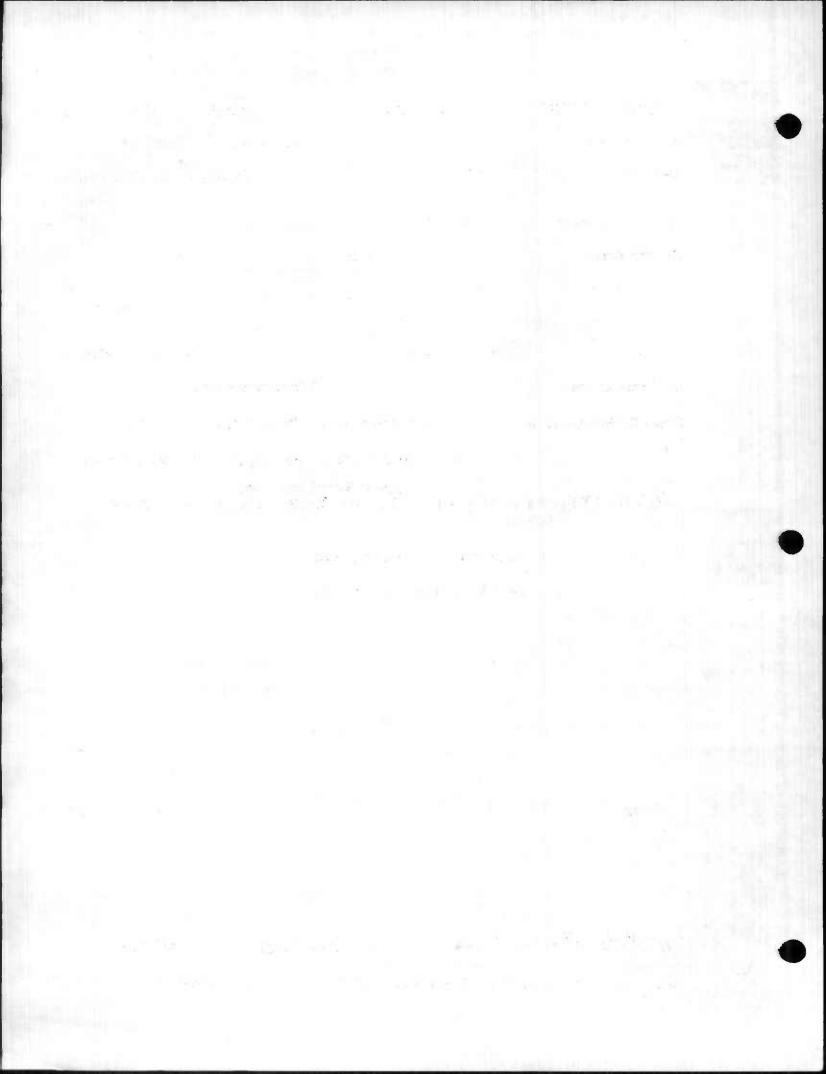
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Division of Vital



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#8 per FH G757 3/31/98 EW 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March 22, 1998 4:56 am ALVIN LAMONT WIENECKE, SR. 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Franklin Square Hospital Center Baltimore Rosedale If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Jan. 1/1,121924 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) XXM 2 F Months Days Hours Yrs. 74 Maryland 219-14-2073 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore County Baltimore 1 ☐ Yes XXNo Maryland 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21237 USA 6719 Kenwood Avenue 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bace - American Indian. XXYes 2□ No If Yes, Give Year or Dates: WW 11 1 Never Married 2 Married 1 Yes 20XNo Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Machine Setter Western Electric 10 yrs. N/A 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) John Adam Wienecke Elma Katherine Forster 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mrs. Audrey E. Wienecke (Wife) 6719 Kenwood Avenue Baltimore, Maryland 21237 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition XX Burial 2 Cremation 3 Removal from State Zion Church Cemetery 3-26-1998 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Lassahn Funeral Home 7401 Belair Rd. Baltimore, Maryland 21236 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Atherosclerotic Cardiovascular Disease 10 years Due to (or as a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequence of): 23b. Did tobacco usa contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Were autopsy findings eveilable prior to 24a. Was an autopsy performed? completion of cause of death? 1 ☐ Yes 2 No 1 X Yes 2 □ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident

Examiner Division of Vital Records, P.O. Box 68760, 96 8 985 it. 2 hass **page 2** certificate Physician: 報品 funeral Attending

Physician/Medical by Completed To Certification:

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item 27 is marked other than "naturel", or items 23s or 28s-f show other treumstic event, the Medical Examiner must be notified as

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or itema 28s any Injury or other treumetic avant

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after death Director: 24 hours within 2 To the F # 0

State Registrar

(Check only 29b. Signature and title of certifier Jans

3 Suicide

29e. Certifier

4 Homicide

6 ☐ Could not be determined

🔁 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and pleca, and due to the cause(s) and manner as stated.

2 Medicat Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

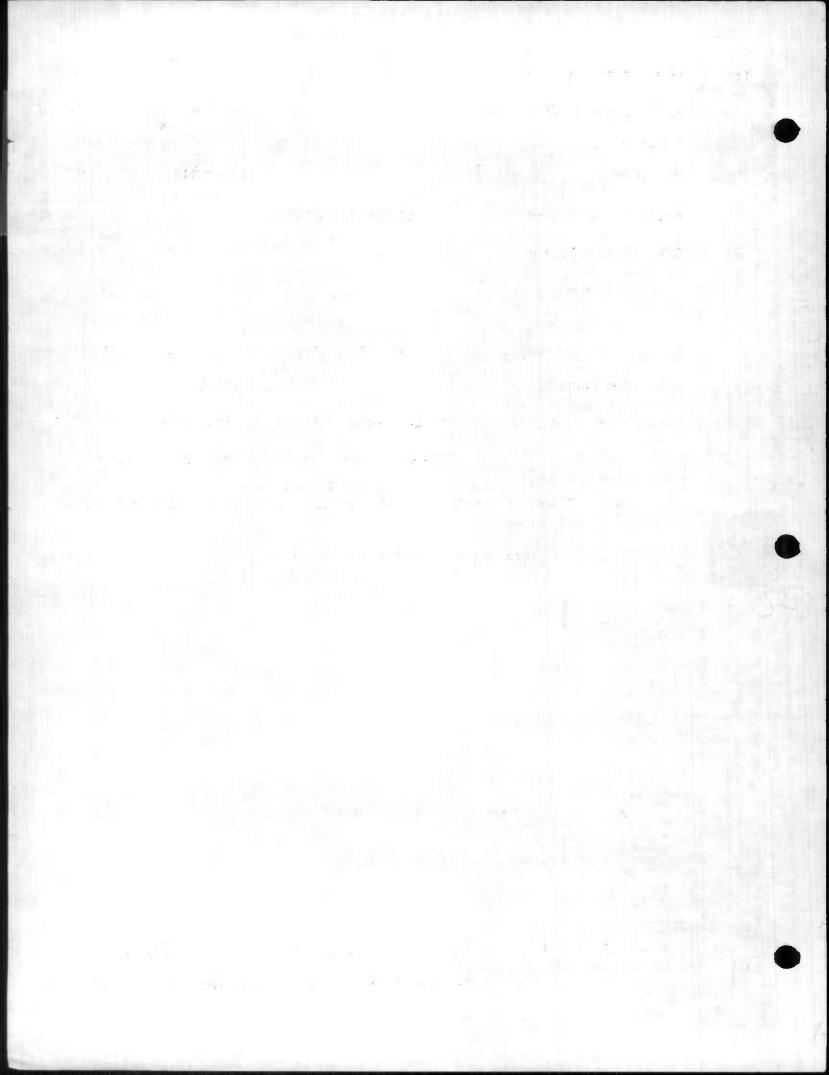
9000 Franklin Square Drive Stephen Selinger M.D. Baltimore, Maryland 21237 31. Date filed (Month, Dey, Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

MAR 27 1998

32. Registrar's Signature ma Laydson-Randell

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth **Physician** Kins-Walker MARLY /Medical 4c. County of Death 4b. City, Town, or Location of Deeth 4e. Fecility Nama (If not institution, give street and number Examiner HVa HS VIII IyUndar 24 Hrs. 8. Dat Hours Min. land Hyats VILLE
7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, If Undar 1 Yaer 5. Social Security Number 6. Sex Birthpiaca (State or Foreign Country) **Funeral** 1 M 2 M Months Days Yrs. 49 298-46-3710 15,1948 West Va. Director Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at DC WASHINGTON 1 XYes 2 No Director 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7th STREET, NW #201 1201 20001 U.S.A. Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Biack, Whita, etc. filed within 72 hours efter 1 ☐ Yes 2 📉 No If Yas, Giva Yeer or Datas: 1 Navar Married 2 Merriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: BLACK þ 3 Widowed 4 □ Divorced "naturel". Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Depertment of Heelth and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumest. Elementery/Secondary (0-12) Collega (1-4or 5+) 12th NURSE 17 Fathar's Name (First Middle Last) 18 Mother's Nama (First, Middle, Maiden Surnama) Be CLARENCE SYLVESTER ATKINS, SR. LOIS COOPER 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) ERICKA WALKER - DAUGHTER 1203 7th STREET, NW #201 WASH.DC 20001 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 3-20c. Location - City or Town, Steta Buriai 2 □ Cremation 3 □ Removel from HARMONY MEMORIAL PK 16-98 4 ☐ Donetlon 5 ☐ Othar (Specify) LANDOVER, MARYLAND 21. Signature of Funeral Service Licansee 22. Name end Address of Facility TAYLOR'S FUNERAL HOME au 1722 NORTH CAPITOL ST., NW WASH.DC 20001 23a Part I. Entar the disease, or complications and caused the death. Do not entar the mode of dying, such as cardiac or respiretory arrest, shock, or haert feilure. List only one cause of meach line. Approximata Intervat Between Onsat and Deeth **Physician** /Medical Immedieta Causa (Final disaesa or condition rasulting in daath) Examiner innho Sis 1 4 can the burial-transit be axecuted Sequantially list conditions, if eny, leading to Immadiata cause. Enter Underlying Causa (Disaase or Injury that Initiated events resulting in death) Last Dua to (or as a consequança of): and Records, P.O. Box 68760. attending physician for use as the buria Physician/Medicai Dua to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Henatic encephalopathy 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed Diabetes Mellites type I 1 Yas 2 No this certificate 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; 25. Was casa rafarred to medical Be 28. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yas 2 No 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Panding Invastigation 1 Matural NIA 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 ☐ Sulcide 28a. Place of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) Location (Streat and Number or Rural Routa Number, City or Town, Stete) 4 \ Homiclda 12 Certifying Physician: To the best of my knowledga, death occurred at the time, date end piece, and due to the causa(s) and mannar as stated.
2 Medical Examinar: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the causa(s) and mennar stated. Medical 29a. Certifian (Check only one) 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signetura end titia of cartifier 01852 MARCH 11 30. Nema and addrass of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar 31. Data filad (Month, Day, Year)

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-TIMORE, MARYLAND 21215-0020	ith. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospi

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

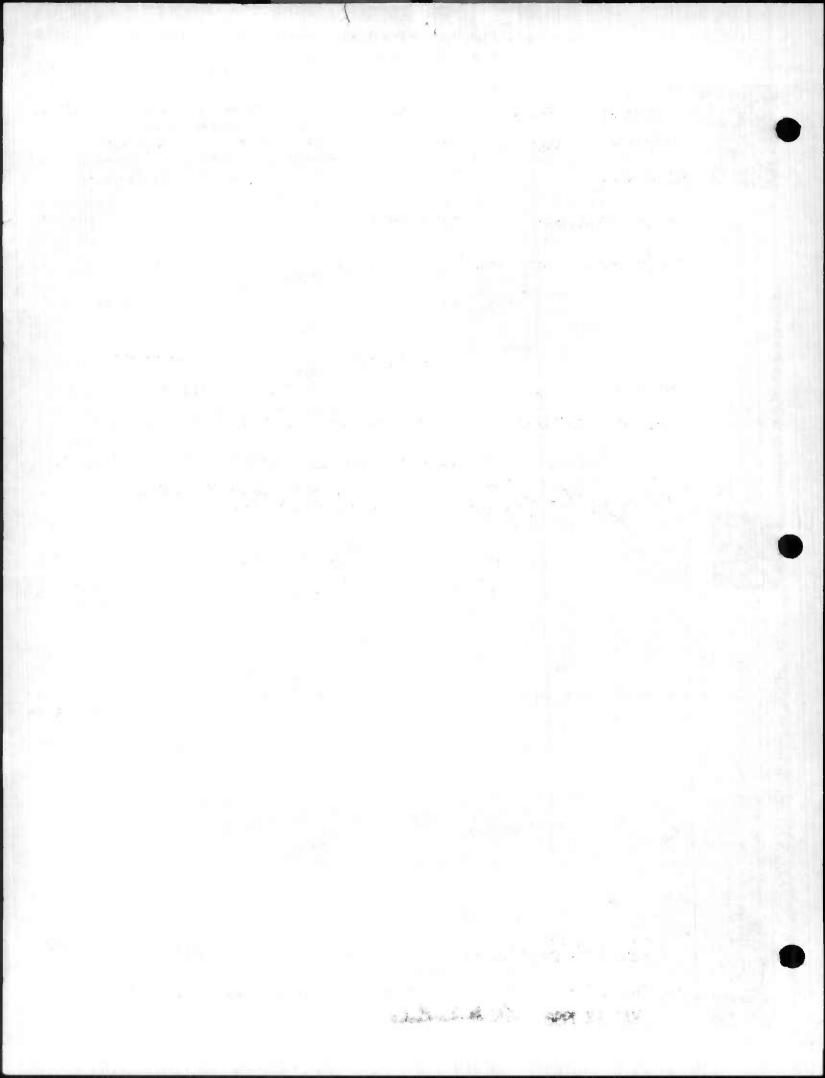
	1 - FOR STATE REGISTRAR	ATE OF MARYL	AND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Colma I. Allgeyer	•				March 7,	1998	12:01 a M
	4. SOCIAL SECURITY NUMBER 5. SE	X 8. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
	370 20 0777	M 2 🕅 F	73 YRS. 1	ONTHS DAYS	HOURS MIN.			Washington, DC
	9e. FACILITY NAME (If not institution, give street end			b. CITY, TOWN	R LOCATION OF D		9c. COUNTY	
O.	1223 Gladstone Driv	'e		Rockv	11e		Mont	tgomery
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		toc CITY	TOWN OR LOCA	TON			10d. INSIDE CITY
DIRECTOR	Maryland Montgom	ierv		ckville				LIMITS?
	10a. STREET AND NUMBER				ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
ER/	1223 Gladstone Drive			1	20851		U.S.A	A STATE OF THE STA
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		. RACE - American Indian.
BY F	IF	ORCES? t YES			2 NO Specif	nn, Puerto Rican, etc.)		Black, White, atc.
	3 Widowed 4 X Divorced							White
COMPLETED	ts. DECEDENT'S EDUCATION (Specify only highest grade complete	ted)	16a. DECEDENT'S U	k done during m	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY
٦	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	life. Do NOT use			D	h	
N N	17. FATHER'S NAME (First, Middle, Last)		Secretar	У	40 1407117010 144	Privat		
	Fern Myers				. 100	ME (First, Middle, Maiden	Surneme)	
BE	190. INFORMANT'S NAME (Type/Print)		10h MAILING A	DDBESS (Ct-of	Jessie	Ganer Route Number, City or Tow	- 0 7 0-	
2	Anne Myers - Niece							lis, MD 21403
	20s. METHOD OF DISPOSITION	20h	PLACEANDDATEOF					or Town. State
	t □ Burlel 2 ሺ Cremation 3 □ Removal fro 4 □ Donation 6 □ Other (Specify)	om State cem	etery, cremetory or other etropolit	r place)	atory	1	,	dria, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		o o z o p o z z i.	22. NAME A	D ADDRESS OF FA	CILITY		
	1.31	~		Franci	s Gasch'	s Sons Fur	neral F	Home, P.A. ville, MD 20781
	23. PART I. Enter the diseases, or compile	cetions that cause	the death Do no	4/39 E	altimore	Avenue, I	lyattsv	ville, MD 20781
	shock, or heart fallure. List or	niy one cause on e	ach line.	onter the mo	ae ot ayıng, suc	n aa cardiac or raap	Iratory arrest	interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
		STROKE DUE TO (OR AS A	CONSEQUENCE OF):					1 HOUR
_	- F	HYPERTENSI	the second second					10 YEARS
Ö	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):					
S	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
	PART ii. Other significant conditions cont	iributing to death b	ut not resulting in	the underlyin	cause alven in	Part i. 24s. WAS AN	AUTOBEV	24b, WERE AUTOPSY FINDINGS
CAL	EMPHYSEMA.			and and any mi	, ouaso given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	HYPOTHYROIDISM.					1 🗌 YES 2	ĭ ∭ NO	OF DEATH?
2	DID TOBACCO USE CONTRIBUT	TE TO CAUSE O	E DEATH YES	M NO F	LINICEDTAIL			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		ONCERIAII	401		
Sic		PITAL: npetient 2 - ER/Outp	-	THER:	e 5 V) Residence	6 Other (Specify)		
PHYSICIAN: MEDIC		80. DATE OF INJURY	26b, TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		RK? 'ES 2 NO			
	L Decident	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	et, factory, offic		281, LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
	4 Homicide datermined	semental eta lopoo	,			City or lown, Stelle)	-	
COMPLETED	290. CERTIFIER (Check only t) CERTIFYING PHYSICIAN: TO	o the best of my know	ledge, death occurred	at the time, date	end place, end due	to the cause(s) and mar	nner as stated.	
₩.	one) 2 MEDICAL EXAMINER: On the							suse(s) and manner so stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)
H	Imante und	MO			D31839			ch 9, 1998
2	30. NAME AND ADDRESS OF PERSON WHO COME	PLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)	231037		Plar	CH 7, 1990
	Christopher Dunford,				cy Avenue	e, Rockvil	le. MD	20850
	31. DATE FILED (Month, Day, Year)	REGISTHAN'S SIGN			- J T T T T T T T	-,	,	
	MAR 1 0 1999	di dhale	Robit					OMMM 46 Rev 5/80

MARY TO MENT STATE STATES

State of Maryland / Department of Health and Mental Hygiene

Physician					Cer	tificate of		-	. No	09001
		Decedent's Name (First, Middl						Date of Deeth Month	Day	3. Time of Death
/Medical	1 -	Michael	Anthony		Amo	oia		arch 10,	1998	11:29A.
Examiner	4	la. Facility Name (If not institution					4b. City, Town, or Loc		4c. County	
	4	Mediplex of M					Gaithersbu			omery
Funeral Director	2	5. Social Security Number 577-32-9124 Usual Residence of Decedent	6. Sex 7. ↑□ M 2□ F	Age (In yrs 68	: last birthday) Yrs.	Months Deys	s Hours Min.	8. Date of Birth (Month, Day,) pril 17,		9. Birthplace (State or Fore Country) Iew York
Du & m	_	10a. State 10b. County		10c. C	ity, Town or Loc	ation				10d. inside City Lim
ath with the Merylen 23s or 28s-f show	5 1	Maryland Montg	omerv	Ga	aithersb	niro				1 ☐ Yes 2 💢
or 28a-fa	3	10e. Street and Number				10f, Zip Code		100	. Citizen of W	/hat Country?
380	1	20/ D: 1	D1 A - 4	. Дп./		20878				
r items 23s		304 Ridgepoint 11. Maritel Stetus	12. Was Decede Armed Force	ni Ever in L	J,S. 13. W		Hispanic Orlgin? (Spec ban, Mexican, Puerto R	ify Yes or No-	U.S.	A . - American Indian,
tal Hygiena are reter open with the meryland of other than "natural", or items 23a or 28a-f ahow event, the Medical Examiner must be notified at Be Completed by Funeral Director		1 ☐ Never Married 2 ☐ Merri 3 ☐ Widowed 4 ☐ Divorcad	ried 14 Yes 2	T No		Yes, specify Cul		ican, etc.)	1 1 1 1 1 1	k, White, etc. White
ted atture	<u> </u>	15. Deceden	t's Education	-	1	ent's Usuai Occu	upation	16	Bb. Kind of Bu	siness/Industry
be filed within 72 ho tal Hygiena. d other than "natura event, he Medical Be Completed		(Specify only higher Elementery/Secondery (0-12)	st grade completed) Coilege (1-4c	NF. E. ()	(Give k	ind of work done O NOT use retire	upation a during most of working ad)	9		,
Hygiena. ther than mf, the	1	12	College (1-40	л э+)	Electr	rician		C	onstru	ction
marked other imatic event, I	1	17. Fether's Neme (First, Middle,	Last)				18. Mother's Name			
		Francesco A	lmoia				Raffael	Palmi	ietto	
T is		19e. Informant's Name/Relations Constance Amoia					et and Number or Rural nt P1.#14,			
f Heali frem 2 other	2	20a. Method of Disposition		20b. I	Piece of Dispos cemetery, cremi	ition (Neme of	2001	Date 20	c. Location -	City or Town, State
permit. Peges 1 an Department of Heali important: If Item 2 any injury or other ance.		1 ☐ Buriai 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S		10			Cemetery3/1	3/98 5	llver S	Spring, Md.
enta inju	1	21. Signature of Funeral Service		00	22	Name and Addr	ress of Facility			
ode any i	1	Hearje	Shale	1	Geo 616	orge P. 60 Oxon	Kalas Fune Hill Rd. O	xon Hill	L. Md.2	20745
		23a. Part1. Enter the disease, or shock, or hear failure. List	complications that caus only one cause on each	sed the dear n iine.	th. Do not enter	r the mode of dy	ring, such es cardiac or	respiretory erres	t,	Approximate Intervei Between Onset end Death
hysician /Medical	١,	Immediate Cause (Final	\wedge	- h.	201	. (,)				Onset end Death
xaminer	1	disease or condition resulting in deeth)	a. H	SPII	KATO	1 M	SUMOMIA	<i>f</i>		Meeks
- E			V	Dub to (or as a consequ	ence of):	1 Co			10000
min in			b .	AKK	NNZJO	7 1	1 ACACE			0/84125
ng physician and es the bunial-transit		Sequentielly list conditions, if eny, leading to immediate couse. Enter Underlying Cause (Disease or injury		Due to (or as a consequ	ence of):				
physician and s the bunal-transit		net initieted events	c	Due to /e		anna afti				
d by the attending physician and latached for use es the bunal-transit	r	resulting in death) Last		Due to (c	or es e conseque	ence or):				
e attendin of for use sician/M			d							
d for	-	Part il. Other significant conditio	ne contributing to dooth	but not rec	willing in the use	todulos couca a	in Don't	225 Did sob		deliberto do Alexandre est et al
by the		art ii. Other eignineant condino	ins contributing to death	DULTIOL 108	suiting in the unit	enying ceuse g	iven in Part I.	40-12-20		tribute to the cause of dea 3 ☐ Probably 4 Munkn
igned to be dat								10 103	2 U NO	3 Probably 4 Denich
een s hould								24e. Was an a	autopsy id?	24b. Were autopsy finding available prior to completion of cause
page 2 s									_	of deeth?
cartificate rector, pag		25. Was cese referred to medicel						1 🗆 Yes	2 No	1 ☐ Yes 2 ☐ No
this cartific ral director,	1	examiner? 1 Yes 2 No	Hospitai:		Tenio i di	01	26. Place of Death			
oral dire		7. Manner of Deeth	1 LJ Inpa		ER/Outpetient 28b. Time of	3LI DOA	4 Nursing Home	Bd. Describe how		
9 6 2		1 SNatural 5 ☐ Pendin		Day Year)	Injury	28c. Inju Wo M 1	ork?]Yes 2□No	. D 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	injury occurr	50
5 × 5		3 Suicide 6 Could n	not be	niury - At h	ome, farm, stree			M Location (Stre	et and Numbe	er or Rural Route Number,
deeth. ctor: Af y the fu ficatic		4 ☐ Homicide determ	building,	etc. (Specil	fy)	st, ractory, office		City or Town,	State)	or Trural Froute Number,
Director: Af Director: Af I In by the fu ertificatio				at of my kno	owledge, death o	occurred at the t	ime, date and place, en opinion, deeth occurred	d due to the ceu	se(s) and mer	nner as steted. Ind due to the ceuse(s)
thours after death. Funeral Director: After the filled in by the funeral lical Certification:		9a. Certifier (Check only 2 Medicai I	g Phyalcfan: To the bes Examiner: On the basis	or examine						
thin 24 hours after deeth. the Funeral Director: At mpletely filled in by the funeral Medical Certification	2	one) 2 Medicai I	Examiner: On the basis and manner	stated.						
	2	29a. Certifier Check only one) Certifiyin 2 Medicai I	Examiner: On the basis and manner	stated.		29c. Licen	se number	290	. Date signed	(Month, Day, Year)
Ithin 24 hours after deeth. To the Funeral Director: After the function of the	2	one) 2 Medicai I	Examiner: On the basis and manner	stated.		29c. Licen		290		(Month, Day, Year)
Ithin 24 hours after death. To the Funeral Director: After the function of th	2	9b. Signature and title of certifier O. Name end eddress of person v	Examiner: On the basis and manner	MD deeth (Item	m 23e) (Typa, P	29c. Licen	30692	29d	Date signed	(Month, Day, Year)
ithin 24 hours after death. To the Funeral Director: After the function of th	2	(check only one) 2 Medical I	Stuck who completed ceuse of	MD deeth (Item	m 23e) (Typa, P 00 Shads	29c. Licen	30692	29d	Date signed	(Month, Day, Year)

DHMH 16 Rev 6/95



JOSEPH ABDULAT State of Maryland / I

Department of Health and Certificate of Death	Mental Hygiene	09602
	2. Data of Death	3. Tima of Death
	Z. Data Of Doath	J. THIR OI DEALIS

Physician - /Medical Examiner

ASD

1998 1625

P

10d. Insida City Limits

1 Yes 2 No

Funeral Director

death with the Maryland r 28a-f show

7 is marked other than "natural", or items 23a or trsumstic event, the Medical Examiner must be a Pages 1 and 2 should be filed within 72 hours after on the filed within 72 hours after neat of Health and Mental Hygiene.

It filem 27 is marked other than "natural, or her ort of Health a. nt: if item 27 is vor oth-Depertment of Important: If any injury or

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

that the deeth certificate be executed physician and the buriel-transit 80 esn 0 signed by the at d be detached for page 2 has certificate Hospital or Attending Physician: funaral director, this After s after death. 24 hours e within 24 hours To the Fune completely file

20

Completed

Be

Lo

Certification:

edical

P.O. Box 68760.

Division of Vital Records.

Items: 23 part I,II,27,28a-f per MEO G-758 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 18 Joseph Gassimu Abdulai MARCH 4b. City, Town, or Location of Death 4a Facility Nama (If not Institution, giva street and number) 4c. County of Death SUBURBAN HOSPITAL BETHESDA MONTGOMERY If Undar 24 Hrs. 5. Social Sacurity Number If Undar 1 Yaar 8. Data of Birth (Month, Day, Year)
Sept. 10, 1945Sierra Leone WA 7. Aga (In yrs. last birthday) 1 M 2□ F Months Days Hours Min 52 Yrs. 213-21-1119 Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location Prince George's Beltsville Maryland Director 10g. Citizen of What Country? West 10e. Street and Number 10f. Zip Coda 11258 Evans Trail Road #204 20705 Sierra Leone, Africa Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11 Marital Status Black, White, atc. 1 Navar Marriad 2 Marriad 1 Yas 2000 Specify Specify: Black þ 3 Widowad 4 □ Divorcad Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highast grada complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) 5+ Agriculturalist Government 18. Mothar's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) 8 Alhaji Sidi Abdulai Soffie Stevens 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Edward Bannister/Brother 1445 Ridge Place S.E., Washington DC 20020 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4/3/98 George Washington Cem. 4 □ Donation 5 □ Other (Spacify) Adelphi, Maryland 22. Nama and Addrass of Facility 21. Signature of Funeral Service Licenses J. B. Jenkins Funeral Home Nanc 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Immediata Causa (Final MULTIPLE SYSTEM ORGAN FAILURE disaasa or condition resulting in daath) Dua to (or as a consequence of) Examiner MULTIPLE INJURIES WITH COMPLICATIONS Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Dua to (or as a consequanca of): Physician/Medicai Dua to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

STATUS POST RENAL TRANSPLANT

24a. Was an autopsy

Yas

26. Placa of Death (Check only ona)

24b. Wara autopsy findings available prior to complation of causa of death?

Yas 2 No

Intarval Batween Onsat and Daath

25. Was casa rafarrad to medical examinar? 1 Yas 2 No

27. Mannar of Death

1 Natural 2 Accidant

3 Sulcida

29a Cartifier

4 Homicida

5 Pending invastigation

6 Could not be

28a. Data of Injury (Month, Day Year) 3/2/98

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 9:24

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred Occupant in auto accident

2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State) New Hampshire Ave.& Mont., Co.Md. Court House Mont., Co,Md.

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signat ed title of certifies orless

29c. Licensa number O.C.M.E

29d. Data signed (Month, Day, Year) MARCH 20,1998

and addrass of person who complated ceuse of daath (Itam 23a) (Type, Print)

Road

LA RON 6 Ctes 31. Data filad (Month, Day, Year)

MAR 25 19

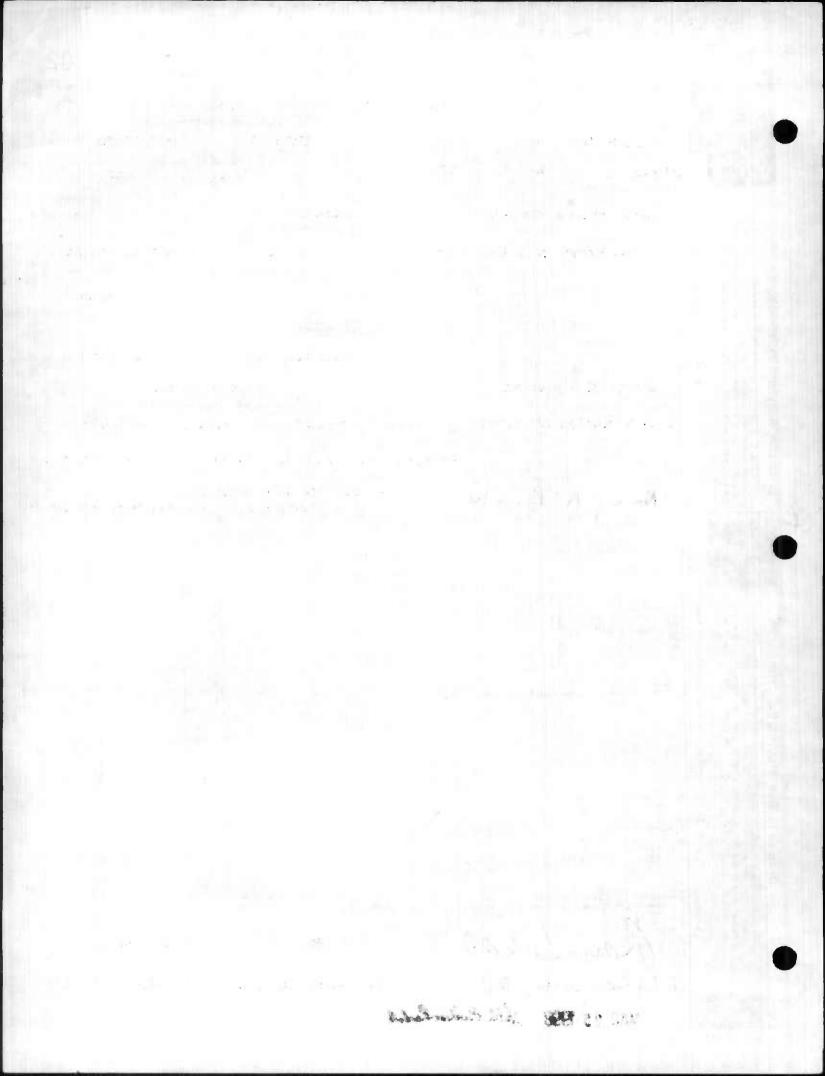
111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Ragistrar's Signatura Telk Studen Redal

ş

2

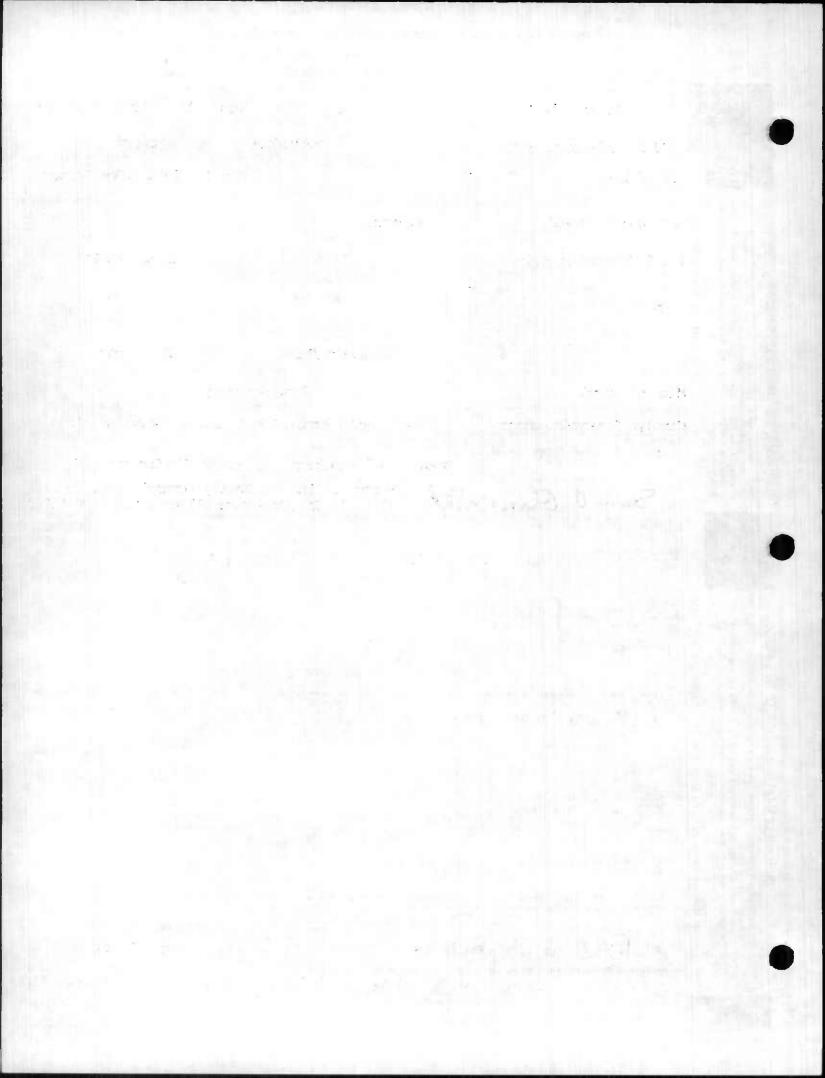


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 3. Time of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death Month **Physician** 28 1998 7:45pm Tienna Blatt Feb /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Columbia Howard 10001 Windstream Drive If Under 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Deta of Birth (Month, Day, Year) **Funeral** Days 1 M 2 F Months Hours Min Yrs Director 80 Jan 14, 1918 139-36-1043 New Jersey Usual Rasidenca of Decedent the Marylend 10c. City, Town or Location 10d. Insida City Limits 10a State 10h Counts 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov treumstic event, the Medical Examiner must be mutified at 1 Yas 2 No Director Maryland Columbia Howard 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda Нета 23a 10001 Windstream Drive 21044 United States death Funeral 12. Was Dacadant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ②XNo If Yas, Giva Yaar or Dates: 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 72 hours after 1 Never Merried 2 Merried "natural", or 1 Yas 2 XNo Specify: Specify: White py 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada complated) permit. Pagas 1 and 2 should be filed within 72. Department of Health and Mantal Hygiene. Important: If item 27 is merked other than "nation any injury or other treumatic event, the Medica 0000. Elementery/Secondery (0-12) Collaga (1-4or 5+) Healthcare Registered Nurse 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fathar'a Name (First, Middle, Last) Michael Dymyd Rose Gruczsky 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 19e. Informant's Name/Ralationship (Type, Print) 9497 White Spring Way Columbia, Maryland 21046 Carolyn Glazar/Daughter Baltimore, 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burlal 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Beth Isreal Cemetery 3-4-98 Woodbridge, NJ 21. Signature of Funaral Sarvice Licanses 22. Nama and Addrass of Facility Harry H. Witzke's Family Funeral Home, Inc. MOS 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Entar the disaasa, or complications that causad the death. Do not antar the mode of dying, such es cardiec or respiratory erras shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Finel disaasa or condition rasulting in death) **Examiner** Dua to (or as a consequanca of) Examiner physicien and the burial-transit The law requires that the death certificate be assecuted Sequantielly list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of) Box 68760, Physician/Medical Dua to (or as a consequanca of) attanding p ed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 3 Trobably 4 Unknown been signed by should be detac 1 ☐ Yee 2 ☐ No neart P 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Physician: 25. Was casa rafarrad to medical examinar? Be 28. Piece of Death (Chack only ona) Othar: 4☐ Nursing Homa 5 Rasidance 6 ☐ Othar (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 27. Mannar of Death 28b. Time of 28c. Injury et Work? Certification: 5 Pending Invastigation or Attending 1 (2Natural 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the causa(s) and manner as steled.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stelad. edicai 29e. Cartifiai 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number Attendary 27733 March 2, 1998 aniem.1) 20 30. Nama and address of parson who completed causa of death (Itam 23a) (Type, Print) Hickory 10810 arry 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State Julia Davidson Revolate MAR 0 2 1998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** 1:05 pm /Ve len Beierleu 126 26 /Medicat 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Howard County General Hospital Columbia Howard If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Yeer) Birthplece (State or Foreign Country) **Funeral** 1□M 2XF Deys Months Yrs. Director 065-10-4014 80 Nov 22, 1917 Pennsylvania Usuel Residence of Decedent 10e. Stete 10c, City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 ☐No Director Maryland Howard Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10218 Hickory Ridge Road #204 21044 United States Funeral 12. Was Decadent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates: 1 Never Married 2 Married Specify: ģ 3 ₩idowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind ot Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Hame 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 0 George Reisch Amelia Seifert 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3812 Font Hill Drive Ellicott City, MD 21042 Jill Johnson/Daughter 20b. Plece of Disposition (Neme of cametery, cremetory or other placa) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑Burlel 2 ☐ Cremetion 3 ☒ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Brookside Cemetery 3-2-98 Englewood, New Jersey 22. Name and Address of Facility
Harry H. Witzke's Family Funeral Home, Inc. 21. Signeture of Funerel Service Licenses 4112 Old Columbia Pike Ellicott City, MD 21043 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teiture. List only one cause on each line. Approximate intervet Between Onset end Death Immediate Ceuse (Final disease or condition resulting in death) pheumonia Due to (or es e consequence ot): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es a consequenca ot): Physician/Medical thet Initieted events resulting in deeth) Lest Due to (or es e consequence ot): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 DYes 2 □ No 3 □ Probably 4 □ Unknown þ 24a. Wes en eutopsy performed? 24b. Were eutopsy tindings eveiteble prior to completion of cause of deeth? Completed 1 ☐ Yes 2 ☐ No 1 Yes 2 No Be 25. Wes case reterred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Yeer) 27. Manner ot Deeth 28h Time of 28c. Injury et Work? 28d. Describe how Injury occurred

Physician /Medical Examiner burial-transit and Box 68760.

the Maryland

with

itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: If farm 27 is merked other than "natural", or items 28s any injury or other traumetic avent

Baltimore, Maryland 21215-0020

attanding physician for usa as the buria Certification:

that the death certificate be executed the a signed by t The law requires peen has certificate or Attending Physician: this After after death. To the Hospital of within 24 hours at To the Funeral D

P.O.

Records,

Division of Vital

State Registrar

1 Meturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, term, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 12 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

29b. Signeture end title of cartifier ander MO

29c. License number 017821

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

29d. Date signed (Month, Day, Year)

1998

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

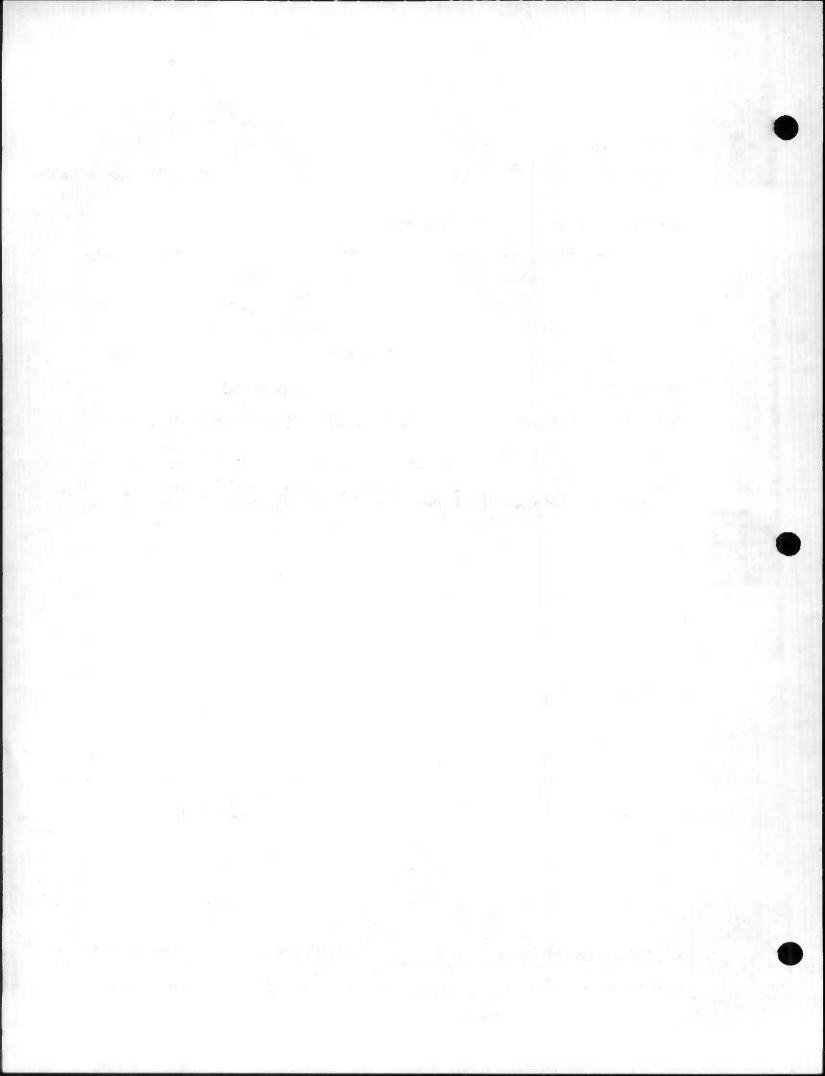
4801 Dorsey Hall Drive S201 Ross CC MD 21042 MO

31. Dete tited (Month, Day, Year) MAR 0 2 1998

(Check only one)

WARREN M.

32. Registrer's Signature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate of	Death		Reg. No.	09	605	
Physician	1	. Decedent's Neme (First, Midd			-			2. Date of Dea Month	Dev	Yeer	3. Time of Deeth	
/Medical				Mae Buracker reet end number) 4b. City, Town,			4. Oh. T	Februar	*		11:05am	
Examiner		a. Facility Neme (If not institution 400 Millington						4c. County				
Funeral		Sociei Sacurity Number	6. Sax	ax 7. Age (In yrs. lest birthday) If Under 1 Yea			If Undar 24 Hrs				oce (Steta or Foreig	n
Director		228-22-0283	1□ M 2€	72	Yrs.	Months Days	Hours Min.	8. Dete of Birt (Month, De June 1	2, 1925	Vir	ginia	
X =	-	Suai Residence of Decedent 0e. Stete 10b. County	/	10c. City, Town or Location						10	d. tnside City Limits	
reds feeds tor	1	Maryland None	2	Baltimore							1⊠Yes 2□Ne	
r 28a	1	Oe. Street and Number		10f. Zip Co					10g. Citizen of V	Vhet Counti	y?	
23a c	L	400 Millington	Avenue	venue 21			9		United	State	es	
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23e or 28e-f show any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director		Marital Stetus Never Married 2 Mar Married 4 □ Divorced	ried 1 7 6 1 1 Yes,	ecedant Evar in Forcas? es 2 25 No Give or Dates;		Was Decedent of f Yes, specify Cub 1 ☐ Yas 2 🗷 No	Hispenic Origin? (S pan, Mexican, Puer Specify:	Specity Yas or No- to Rican, atc.)	14. Race Biec Specify	e - America k, White, a Wh		
eted deal		15. Deceder (Specify only highs	nt's Education	ad)	16a. Deced	lent's Usuel Occu	petion during most of wa	rkina	16b. Kind of Bu	isiness/Indu	ustry	
event, the Medical Be Completed	-	Elementery/Secondary (0-12)		Coilege (1-4or 5+) Consider the control of the con			during most of wo		0 1	I Tama		
8	1	7. Fether's Neme (First, Middle,	Last)		IIOAIR	alakei	18. Mother's Ne	me (First, Middla,	Own]			_
To Be		Edward Jones					Minnie	Vaughn		,		
amna I	1	9e. Informant's Neme/Reletions			19b. Meilir	ng Address (Stree	t and Number or R		er, City or Town,	Stete, Zip (Code)	
- F	-	Judy Trieschma	n/Grandd				Avenue Ba					
8	2	0a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cremation	3 □Removai fro		Pleca of Dispo cemetery, crar	sition (Neme of netory or other pie	ice)	Dete	20c. Location -	City or Tow	m, Stete	
ulary	2	4 ☐ Donation 5 ☐ Other (S	Specify)	Me	tro Cre			2-27-98	Catons			
any ir	1	Dan a G	llins - 1	Withe	Ha A1	erry H. V	ass of Facility Vitzke's Columbia	Family F	uneral 1	Home,	Inc.	
111000	2	23a. Part1. Enter the disease, or shock, or heert teilure. List	r complications the	et caused the dee	eth. Do not ent	er the mode of dy	ing, such es cardie	c or respiretory er	rest,		Approximete Interval Between	
sician edicai miner	ď	mmediate Ceuse (Finel Isease or condition esulting in deeth)	e. /	etas ta	tir d		inl (A blad	lden		6 m	
the buriel-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse, (Disease or injury c.								í		Ī
etached for use es the buriel-tra Physician/Medical Exar	ti	nat initiated events sesulting in deeth) Last	d	Due to (or as a conseq	uence of):						
ysick	P	art tt. Other significant condition	ons contributing to	contributing to death but not resulting In the underlying cause				ause given in Pert I. 23b. Dtc			the cause of death	?
				ntributing to death but not resulting in the underlying cause given in Pert I.				10	Yes 2□ No	3 Probe	ably 4 Unknow	vn
Completed by							24e. Wes an eutopsy performed?		n eutopsy med? 24b. Wera autopsy tinding aveilable prior to completion of cause of death?			
								101	res 20 No	1 🗆	Yes 2□ No	
Be	2	5. Wes case reterred to medica exeminer?	Hospital:			_ Ot	hor	eth (Check only o				-
	2	1 ☐ Yes 2 ☑ No 7. Menner ot Deeth	1	☐ Inpatient 2 [ete of injury fonth, Dey Year)	☐ ER/Outpetien 28b. Time of	I 3LI DOA	4 Li Nursing r	dome 520 Resid	dence 8 Other			
the funer cation:		1 Naturei 5 ☐ Pandir 2 ☐ Accident investi	ng (M igation	fonth, Dey Year)	Injury		ork?]Yas 2∐No					
completely filled in by the funera Medical Certification:		3 ☐ Suicida 8 ☐ Couid 4 ☐ Homicide determ	nined 289. Pk	eca ot Injury - At l ilding, etc. (Spec	homa, farm, str ify)	aat, factory, office		28f. Location (S City or Tox	Street and Numb vn, Stete)	er or Rural	Route Number,	
completely filled in by the fi	2		Examiner: On the				ime, dete end piece opinion, death occi					
Somple Somple	2	9b. Signeture end title of certifie		0 -		29c. Licen	sa number		29d. Data signed	d (Month, D	ay, Year)	
-		Willin h	n Auss	ulm		DE	30182		Februar	y 27,	1998	
	1											
	30	O. Name and address of person	who completed co		em 23e) (Type,	Print)	BAT	m O	1.1227			

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** March 03° 1998° Martin Thomas Bozievich 7:10 pm /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Mariner Health Care Laurel Prince George If Undar 1 Yaar if Under 24 Hrs.
Months Devs Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Deys 1 MM 2□ F 579-38-4137 Yrs Director 80 Mar 31, 1918 Usuei Residence of Decedant the Marylend 10a. State 10b. Count 10c. City, Town or Location 10d. inside City Limits show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director MD 28e-f Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 20707 14200 Waggaman Avenue USA 234 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑Yes 2 ☐ No If Yas, Give Yaar or Dates: Neme Was Decedant of Hispanic Origin? (Specity Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican indien, Pages 1 and 2 should be filed within 72 hours effer onent of Health and Mental Hyglene. Int: If Item 27 is marked other than "natural", or Ne Bieck, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 d Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Government of Elementery/Secondery (0-12) Coilege (1-4or 5+) Electrician Washington, D.C. 17. Fathar's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Lucas Bozievich Antoinette Christman 19a. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) permit. Pages 1 and 2 a Department of Health ar important: If them 27 is any injury or other trau once. Michael Bozievich/nephew 14200 Waggaman Avenue, Laurel, Maryland 20707 20b. Pleca of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Buriel 2 X Cramation 3 ☐ Removei from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 3/4/98 Metro Crematory, Inc. Catonsville, Maryland 21. Signeture of Funaral Service License 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Entar the disast in complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart fellure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** immedieta Causa (Finel diseese or condition resulting in deeth) /Medical Pneumonia l week Examine Due to (or es a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): P.O. Box 68760. Physician/Medical Due to (or as e consequence of): for use es aigned by the at d be detached for Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☒ No 3 ☐ Probably 4 ☐ Unknown Records, by been air 24a. Wes an autopsy performed? Completed 24b. Were autopsy findings avellable prior to completion of cause of death? page 2 s 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, g Be 25. Wes case referred to medical examinar? 26. Placa of Deeth (Check only one) Hospitei: Other: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Deta of injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and dua to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signatura and title of certifiar 29c. Licensa number 29d. Data signed (Month, Dey, Year) New leudet mil D36716 March 4, 1998 5 30. Neme and eddress of person who completed cause of deeth (item 23a) (Type, Print) 8317 Cherry Lane, Laurel, Maryland 20707 Andrew Kundrat, M.D.

32. Registrats Superure July d'audier Radall

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State Registrar 31. Deta filed (Month.

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month John Bidner 11:05 PM February 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Regional Hospital Prince George's Laurel Laurel If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1□M 2□F 68 175-24-2098 Yrs May 26, 1929 Pennsylvania Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Prince George 1 ☐ Yes & No Laurel 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 7104 Ouill Lane 20707 USA 12. Wes Decedent Ever In U.S. Armed Forces? 1 X Yes 2 No 1951 If Yes, Give Yeer or Dates:— 1953 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 24 Married 1 ☐ Yes 2 XX No Specify: Specify: white 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry GLade 12 College (1-4or 5+) Carpenter Retail Food Service 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) John Bidner Mary Liptak 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ione Louise Bidner 7104 Quill Lane Laurel, Maryland spouse 20707 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 XX remetion 3 ☐ Removel from State 2/20/98 Metro Crematory, Inc. 4 ☐ Donetion 5 ☐ Other (Specify) Catonsville, Md. 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 20707 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hell it feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) o. H crite respiratory nour. 4.5 mlly. Melastalic Carcinoma Due to (or es e consequence of): Chronic obsbuciwe sulmonary disease Due to (or es e consequence of): Seigner cerebral melanky due to Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3⊠ Probably 4 Unknown Hyperterion 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? 1 Yes 2 No 1 Yes 2 No

Physician /Medical Examiner

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After

To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A

The lew requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital or Attending Physician: **Physician**

/Medical

Examiner

10a State

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Director

filed within 72 hours efter death with the Meryland Hyglene. ther than "natural", or items 23e or 28a-f show

Baltimore, Maryland 21215-0020

"natural", or items 23e or 28a-f show

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= 6 Depertment of Important: If eny injury or pace.

Pages 1 and 2 should be fill ment of Health end Mental H ant: If item 27 is marked oth

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Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest

25. Wes case referred to medical 1 Yes 2 No

27. Menner of Deeth

1 Neturel

29a, Certifier

2 Accident 3 ☐ Suicide 6 Could not be determined 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end pleca, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted.

28e. Dete of Injury (Month, Dey Yeer) 5 Pending investigation 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Hospital: 1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

28. Piece of Deeth (Check only one)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29b. Signeture end little of certifier steela

29c. License number D24174 29d. Dete signed (Month, Dey, Year) 2 118 11998

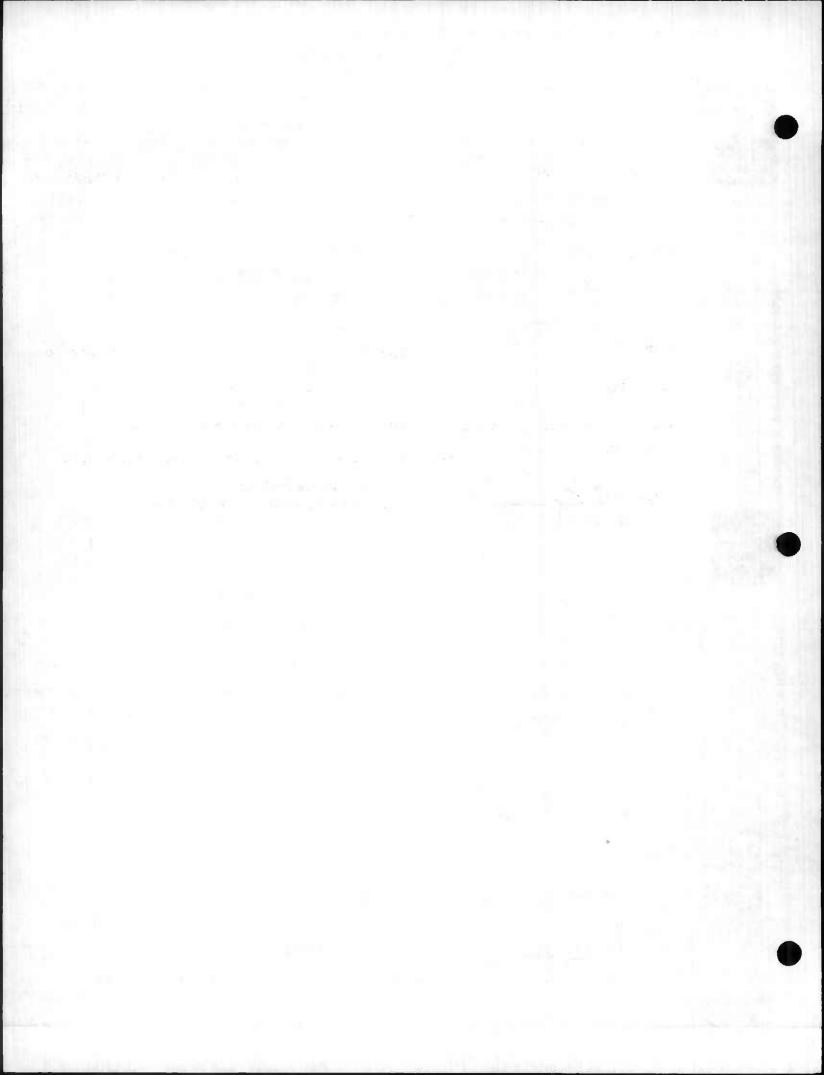
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Van Dusen Road suite 380, Laurel 20707 ALAMIDAG UDAPI 7350

31. Dete filed (Month, Dey, Year)

32. Registrar's Signature Whi Davelson Randall

State Registrar

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	0 D-1(D1)		0.71	
Certificate of Death	Reg. No.	0 -	00	
State of Maryland / Department of Health an	d Mental Hygiene	no	060	8
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1. Decedent's Nama (First, Middle, Las		Certific	ate of D	Calli		Reg. No.				
n e					2. Date of Dec Month		Yaar 3.	Time of Death		
Roger Borras, S	r.				FEBRUAR		998 1	320PM_		
4a Facility Name (If not Institution, give	street and number)		4b	. City, Town, or L	ocation of Death	4c. County of	of Death			
9010 BRIARCROFT L		1 1711		LAUREL			E GEORG			
5. Social Security Number 6. S.	7. Aga (fn	Mont		If Under 24 Hrs. Hours Min.	8. Dafa of Birt (Month, Da	h y, Year)	9. Birthplaca Country)	(State or Foreign		
377-20-0310	74_	Yrs.			Sept 1	6, 1923	Spai	n		
Usual Residence of Decedent 10a. State 10b. County	10c	. City, Town or Location					10d. i	nside City Limits		
SECTION OF STREET		Laurel						☐ Yes 🏋 No		
10e. Street and Number	seorge		Tin Code			10g. Citizen of W		M		
Md. Prince of 10e. Street and Number 9010 Briarcroft Lo	ane Apt. 11		Zip Code 20708			USA	riat Country?			
11. Marital Status	12. Was Dacedant Ever Armed Forces?	in U,S. 13. Was De	J.S. 13. Was Decedent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexicen, Puarto			ecify Yes or No- Rican, etc.) 14. Race - Amarican Indian, Black, White, etc.		ndian,		
1 Never Married 2 Married	1XXYes 2 □ No If Yes, Give	No		- "						
3 □ Widowed 4 □ Divorced	Year or Datas:			. PF	anish	Specify.	white			
15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12) Grade 8	ucation	16a. Decedent's U (Give kind of life. DO NO	Jsual Occupat	ion ring most of work	kina	16b. Kind of Bus	sinass/Industr	у		
Elementary/Secondary (0-12)	College (1-4or 5+)	College (1-4or 5+)		ed)						
Grade 8		Cab dri				Cab Co				
17. Fathar's Nama (First, Middle, Last)	17. Fathar's Nama (First, Middle, Last)						me (First, Middle, Maiden Surname)			
John Borras	John Borras			Angelina			Fransisca			
19a. Informant's Name/Relationship (7	ype, Pnint)	19b. Mailing Addr	ress (Street ar	nd Number or Ru	ral Routa Numbe	er, City or Town, S	State, Zip Coo	le)		
Nellie K. Borras	/ wife	39 S.	Paula :	Street	Laurel,	Marylan	d 207	24		
20a. Method of Disposition	20	b. Placa of Disposition (cemetery, crematory)	Name of	1	eb 20,	20c. Location - 0	City or Town,	Stata		
Murial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Ramovai from State	Md. Veteran		P	1998	Crownsv	ille,	Md.		
21. Signature of Funeral Service Licen			a and Addrass	-	1990					
1 m 8 K				Funeral						
23a. Part1. Enter the disease, or companies to the companies of the compan	alloations that caused the	death Do not enter the n	Talbot	t Avenue	Laure	l, Md.	20707	proximate rval Batween		
Immediate Cause (Final disease or condition resulting in daath)	. Hy	(or as a consequence	Ateir			much	On	set and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Due	to (or as a consequence	of):				1			
Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events							!			
Cause (Disease or injury that initiated events resulting in death) Last	C. Due t									
- I resulting in death) Last		o (or as a consequence	of):			-				
resulting in death) Last		o (or as a consequence	of):				1			
resulting in death) Last	d			n In Part I	23b. Dld	tobacco use con	tributa to the	cause of death?		
Part II. Other significant conditions or	d			n in Part I.			tributa to the	cause of death?		
Part II. Other significant conditions of	d			n In Part I.	10	Yee 2□ No	3 Probabl	4 Unknown		
Part II. Other significant conditions of	d			n in Part I.	1 □		3 Probable 24b. Were a availab comple	utopsy tindings la prior to tion of cause		
Part II. Other significant conditions of	d			n In Part I.	1 □	an autopsy mad?	3 Probabl	utopsy tindings la prior to tion of cause		
Part II. Other significant conditions of	d			n In Part I.	1 □	Yee 2 No	3 Probable 24b. Were a availab comple	utopsy tindings la prior to tion of cause h?		
Part II. Other significant conditions of the con	d		ng ceuse giver	26. Place of Dea	24a. Was perfo	an autopsy mad?	3 Probable 24b. Were a availab comple of deat	utopsy tindings la prior to tion of cause h?		
Part II. Other significant conditions of examiner? 1 × Yes 2 No	d	resulting in the underlying in	ng ceuse giver	26. Place of Dea	24a. Was perfo	an autopsy mad? Fes 2 No	24b. Were a availab comple of deat	utopsy tindings la prior to tion of cause h?		
Part II. Other significant conditions of examiner? 1 × Yes 2 No	d	resulting in the underlying in	DOA Other	26. Place of Dea · 4 □ Nursing H	24a. Was perfo	an autopsy mad? George 2 No	24b. Were a availab comple of deat	utopsy tindings la prior to tion of cause h?		
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Part II. Other significant conditions of examiner? 1 × Yes 2 No	d	resulting in the underlying in	DOA Other	26. Place of Dea · 4 □ Nursing H	24a. Was performent of the Check only comma 5 % Residence 28d. Describe to	an autopsy mad? Ves 2 No	3 Probable 24b. Were a availab comple of deat 12 Year (Specify)	ulopsy tindings la prior to tion of cause h? s 2 \square No		
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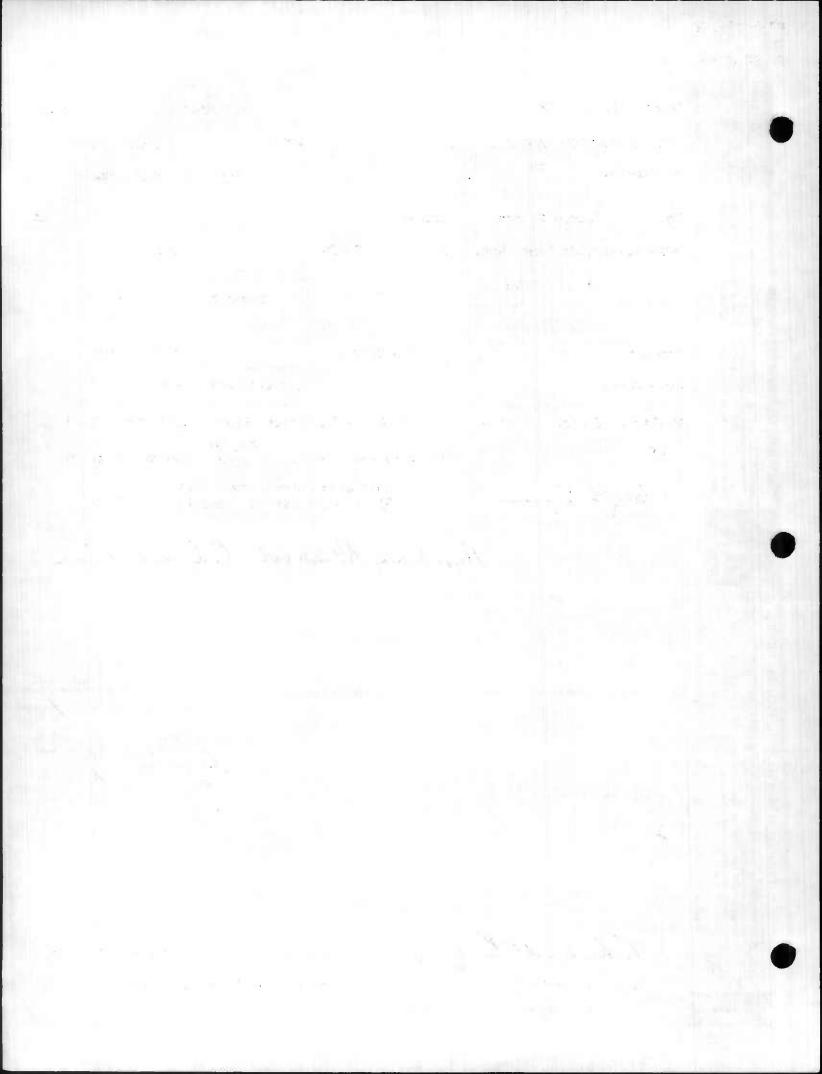
Wet

31. Date filed (Month, Day, Year)
FEB 2 0 1998

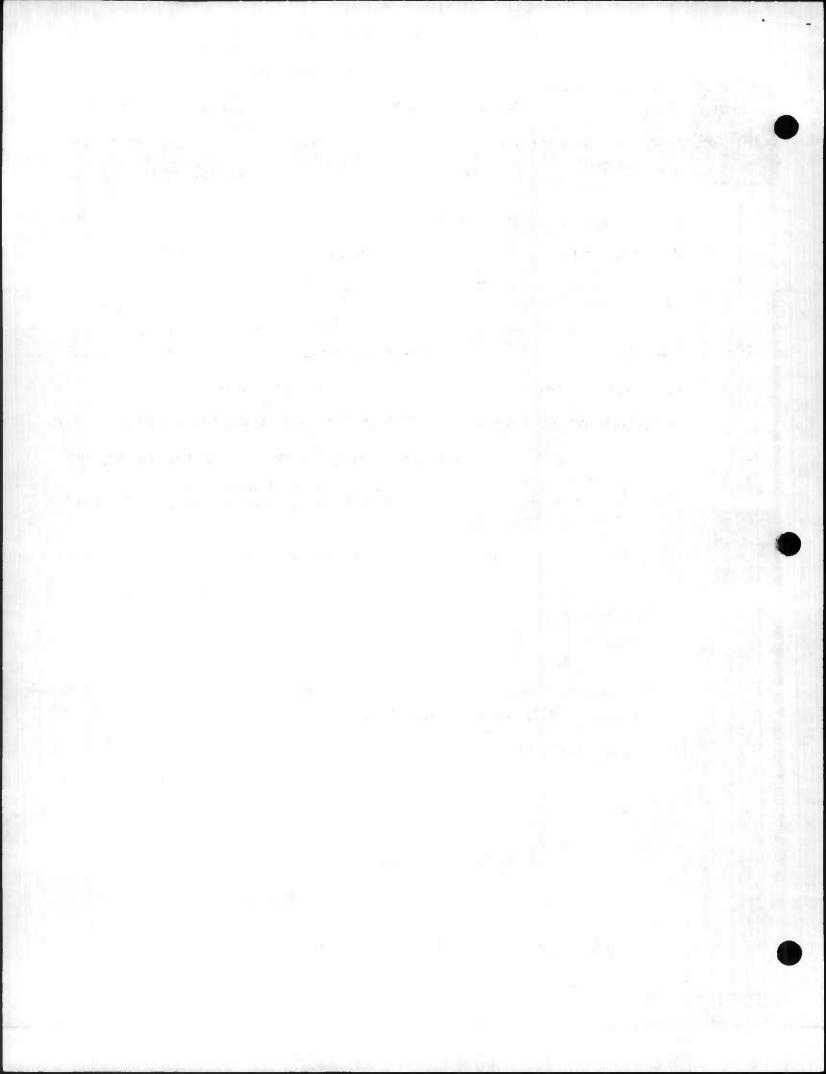
111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Begistrar's Signature



Ameno	de	1 #5, 03/09/98, PC			tificate of			Reg. No.	0	9609
Physicia /Medic		Decedent'a Name (First, Middla, Las	Anna Maria	Barkman			2. Date of Dea Month Februar	Ty 20,	Year 1998	3. Time of Dec 5:50 pn
Examine Funeral Director	er	217-44-1910	lospital	s. last birthday) Yrs.	If Under 1 Year Months Days	4b. City, Town, or Laurel If Under 24 Hrs. Hours Min.	8. Data of Birt (Month, Day	Princ	9. Birthpl	orge lace (State or Fo land
show		Usual Residence of Decedent 10a. State 10b. County		City, Town or Loc	cation				10	Od. Inalde City Li
72 hours effer death with the Maryland natural, or Hems 23s or 28s-f show deal Examiner must be notified at	Funeral Director	MD Prince (10e. Street and Number 932 Park Avenue	George La	urel	10f. Zip Code 20707			10g. Citizan of N	What Coun	1 Yes 2 I
a field with 72 hours effect death with the Marylen tiel Hygiene. Id Hygiene. d other than "natural", or liems 23a or 28a-f show event, the Medical Examiner must be notified at	þ	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	12. Was Decedent Ever in Armed Forces? 1 Yes 2 No if Yes, Give Year or Dates:	If	Vas Decedant of H Yes, specify Cub	dispanto Origin? (S an, Mexican, Puert Specify:	pecify Yas or No- o Rican, atc.)		e - America ck, White, e	etc.
- 2 44	Completed	15. Decedent's Ed (Specify only highest grad Elamantary/Secondary (0-12) Grade 12	ucation	(Give I life. D	ant's Usual Occup kind of work done TO NOT use retire	during most of wor d)	king	16b. Kind of Br	usiness/Ind	ustry
5 9 2 7	To Be Co	17. Fathar's Name (First, Middla, Last) Louis Vivian Lube				18. Mother's Nan	Fiege	Maldan Suman	ne)	
f Heelth and Mer item 27 is marke other traumatic		19a. Informant's Name/Relationship (7 Georgianna Morley	/daughter	7517 E	Brooklyn	and Number or Ru Bridge R				
permit. Pages I and 2 should be peartment of Heelth and Mimportant: If Item 27 is man any injury or other traumat any Louce.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State		atory or other pla-	ial Pk	Date 2/24/98	20c. Location - Dorsey,		
Depart Import any in		21. Signature of Funeral Service Licens		Do		ess of Facility Funeral Lt Ave. L			3 2070	07_4389
/Medical bh/sicien and street fransit street fransit street franciscon and street fransit street	Examiner	Immediata Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	Due to	MYOCAL (or as a consequ (or as a consequ	Jance of):	VFARC TT	ON			DAYS
	an/Medical	rasuiting in death) Last	Due to	(or as a consequ	enca of):					
igned by the at be deteched fo	by Physician/M	Part II. Other significant conditions co								the cause of de ably 4 D Onk
- 8	Completed	HYPERTENS	1010				24a. Was a		con	re autopsy findir llable prior to apletion of cause eath?
s certificate he director, paga	Be	25. Was casa referred to medical axaminer?	Jaanital		100	26. Placa of Daa	1 ☐ Y th (Check only or		1 🗆	Yes 200 No
2 P	cation: To	27. Manner of Death 1 Matural 5 Pending 2 Accident Investigation	1 Impatient 2 28a. Date of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injur Wor	4 U Nursing H	ome 5 Rasid 28d. Describe h)
2 2 0 (al Certification:	3 Suicida 4 Homicide 6 Could not be datarmined	28e. Place of Injury - At building, etc. (Special alcian: To the best of my kr	cify)	occurred at the tir	ne, date and clace	28f. Location (S City or Tow	n, Stata)	nner as ets	ated
within 24 I To the Ful completely	Medical	29b. Signature and titla of certifiar	and manner statad.	nation and/or inve	29c. Licens	pinion, death occur e number	red at tha time, o	late and place,	and due to	the causa(s) Pay, Year)
15		30. Name and address of person who co			rint)	24997 CANE L	444.0		1/98	
State Registra	•	31. Date filed (Month, Day, Year)	4.5 MD 8 32. Regionar's Sign	317 Ch		CANE L	MU/CEC	my L	0707	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day **Physician** Gloria Mae Burnette March 6, 1998 11:30 am /Medical 4a. Facility Nama (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5314 Riverdale Road Riverdale Prince George's If Undar 1 Yaar Months Days 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 24 Hrs. Birthpleca (Stata or Foraign Country) 8. Data of Birth (Month, Dev. Year) **Funeral** Hours 1□M 2XF 235-58-7492 Yrs. Director 65 21, 1932 West Virginia Aug. Usual Rasidence of Dacedant with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner hant be notified at Director Prince George's 1 N Yas 2 No Maryland Riverdale 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 items 23a 5314 Riverdale Road 20737 U.S.A. death Funerai 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Biack, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours efter o Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "nature!, or item and hulfury or other traumatic event, the Medical Exercities once. 1 □ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Marriad 1 Tas 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Meat Packer 9 Private 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meidan Sumama) Be George Siner Carrie Quillen 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 5314 Riverdale Road, Riverdale, Maryland John J. Burnette - Husband 20b. Place of Disposition (Nama of camatery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 M Burial 2 □ Cramation 3 □ Ramoval from Stata 5 Othar (Specify) 4 Donation 3/9/98 Fort Lincoln Cemetery Brentwood, Maryland 21. Signature of Fun 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. ean 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part. Entar tha disaasa, or complications that causad be down. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or haart failure. List only one ceuse on each line. Approximata Interval Between Onsat and Death Physician /Medical Immediata Causa (Final disaese or condition rasulting in daath) Examiner Dua to (or as e consequença of): Physician/Medical Examiner Clia The law requires that the death certificate be executed attending physician and for use as the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Disaase or Injury that Initiated avants rasulting in daath) Last Due to (or es a consequança of): ronar Dua to (or as a consaquanca of) signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed 24e. Was an autopsy parformed? page 2 1 Yas 2 No 1 Tyas 2 No certificate or Attending Physician: director. Be 25. Was casa refarrad to medical 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Homa 5 🖾 Residenca 6 ☐ Othar (Specify) 2 1 Yas 2 No this funeral 27. Mennar of Death 28e. Data of Injury (Month, Day Yaer) 28d. Describe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 5 Panding Invastigation 1 Naturel s after death.
I Director: Aft
ad in by the fur 1 Yas 2 No 2 Accidant 3 ☐ Suicida 6 Could not be 28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital c within 24 hours at To the Funeral E completely filled 1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and menner es steted.

| Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) end mannar stated. Medical 29a. Certifier (Check only one) 29b. Signature and titia of cartifian 29c. Licansa number 29d. Data signed (Month, Dav. Year) ragett wan NOW 30. Nema and addrass of person who completed cause of death (Itam 23a) (Type, Print) Susan Leggett-Johnson, M.D. 6525 Belcrest Road, Hyattsville, MD 31. Data filad (Month, Day, Yaar) A Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

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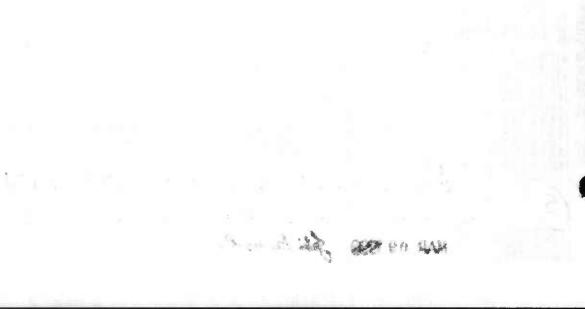
Baltimore, Maryland 21215-0020

Box 68760.

P.O. |

Records,

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

								Cer	tifica	te of	Death			Reg. No	. 70	U:	101	
	Physic /Medi		Decedent's Nama (First, Mile		Geral	d Ali	len 1	Bur	nett				2. Data of D Month MAQCH	eath Da	y Ya		3. Tima of D	
	Exami		4a. Facility Nama (If not institu	tion, give s	treet and nu	mber)				4			ocation of Daa	th 4c	. County of E	Death	- 120	1
Ì	Funeral Director		PRINCE 6 5. Social Security Number 093–30–7517	6. Sax		HOSPI 7. Aga (In	yrs. last bir			r 1 Yaar	If Undar Hours	VERL 24 Hrs. Min.	8. Data of B	irth	9.	Birthpla	SORGE Ica (State or I V) Durgh, N	Foreign
Н	р.		Usual Rasidance of Decedant								1		- 0.0		2000	140110	di girş it	1.
	e Marylar	ctor	Maryland Prin		eorge'		c. City, Tow	m or Loc	eation	C	apito	1 He	ights			10	d. Insida City 1 XYas 2	
	th with th	Funeral Director	10e. Street and Numbar 5803 Cool:	dge :	Street	5			10f. Zij	Coda	207	43		10g. Cit	izan of What	l Countr JSA	y?	
21215-0020	be filed within 72 hours after death with the Maryland ntal Hygiene. Id other than "natural", or itema 23a or 28a-1 show event, the Medical Examiner must be notified at	by	11. Marital Status 1 Navar Marriad 2 M 3 Widowed 4 Divorce	arried	2. Was Dec Armed Fo 1 Yas If Yas, Gi Yaar or D	orcas? 2 🙀 No ve	in U,S.	lf lf	/as Dece Yas, spe □ Yas	cify Cuba	ispanic Ori n, Maxicar Specify:	igin? (Spe 1, Puarto	ecify Yas or N Rican, atc.)	0-	14. Raca - A Biack, V Specify:	Vhita, at		
5-0	72 ho	eted	15. Dacad (Specify only hig	ant's Educ	ation		16a.	Deced	ant's Usu	al Occup	ation during mos	t of worki	ina	16b. K	Ind of Busine	ass/Indu	istry	
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Maryland	should be filed within and Mental Hygiene. marked other than ametic event, the M	To Be	James Th	nomas	Burne	ett							tle L.					
fan	N 00 00 00		19a. informant's Name/Ralatio				19b	. Mailing	Addras	S (Street	and Numbe	er or Rure	al Route Numb	ber, City o	or Town, Sta	ta, Zip C	Code)	
	of Health		Gerald Burnet	t Jr	. /Sor							Was	hingto	r				
Baltimore,	permit. Peges 1 Department of H Important: If Itel any Injury or ott		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other		amoval from	Stata	ob. Placa of cometer Chesa		-			3,	/7/98		ocation - City ltsvil		m, State Maryl	Land
3alt	Departi Departi Importi any Inj		21. Signatura of Funaral Sarvio		0	1.	_		T	D T	s of Facilit	C Eu	neral	Lomo				
_	00580		23a. Part1. Enter the disease, shock, or heart failure.	A.	Vancan	ماس			747	4 La	ndove	r Ro	ad, La	ndov	er. Ma	rvl	and 20	785
68760,	Medicate be executed ding physician and ding physician and see as the burst-fransit	ai Examiner	Immediata Causa (Final disaasa or condition rasulting In deeth) Sequentially list conditions, if any, leading to immediate causa. Entar Undarfying Cause (Diseesa or Injury that initiated evants	a. b. c.	HYPE	Dua	to (or as a o	consequ	rence of):		OTIC	CAR	DIOVAS	CULA	HR DIS	EAS	E	
XO	certif ding use es	an/Medical	rasulting in daath) Last	d.		Dua t	o (or as a c	consaqu	anca of):									
B.	- 0	sicia	Part II. Other significant condi	tions cont	ributing to de	eath but not	rasulting Ir	n tha un	darlying o	ausa giv	an in Part I		23b. Did	tobacco	use contrib	ute to t	he cause of	death?
s, P.O	that the	by Physiciar						-					10	Yes 2	□ No 3)	Proba	ibly 4□Ur	nknown
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	ate pag	Co											10	Yas 2	₽ No	1 🗆 '	Yas 2□N	io
Vital	Physician: The this certificate ral director, pag	Be	25. Was case rafarred to madi axaminar?							011		of Death	(Check only	one)				
of	this aldi	70	1 Yas 2 No	no			2 KER/Ou		3□ D(7.74	4LI NU		ma 5□Ras			Specify)		
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Divi	るまるこ	Certifi	3 ☐ Suiclda 6 ☐ Coul 4 ☐ HomlcIda deta	mined	28a. Pleca buildi	of Injury - / ng, etc. (Sp	At homa, fa	irm, stra	et, factor	y, offica			28f. Location City or To			r Rural i	Routa Numbe	ar,
	To the Hospital within 24 hours e To the Funeral C completely filled	edicai	(Check only one) 25 Madic	ai Examine	er: On the bi								end due to the ed at tha tima,					
	with Tot	M	29b. Signators and title of certification	Typ	7 9		M	Pan		c. Licanse	number	54			RCH (
	Sta	ate.	30. Name and eddrass of parson MARLO F 31. Data filad (Month, Day, Yea		32. R	agistrar's S	Ignatura	300	1 He	OSPIT	AL	DRIV	E, CH					2078
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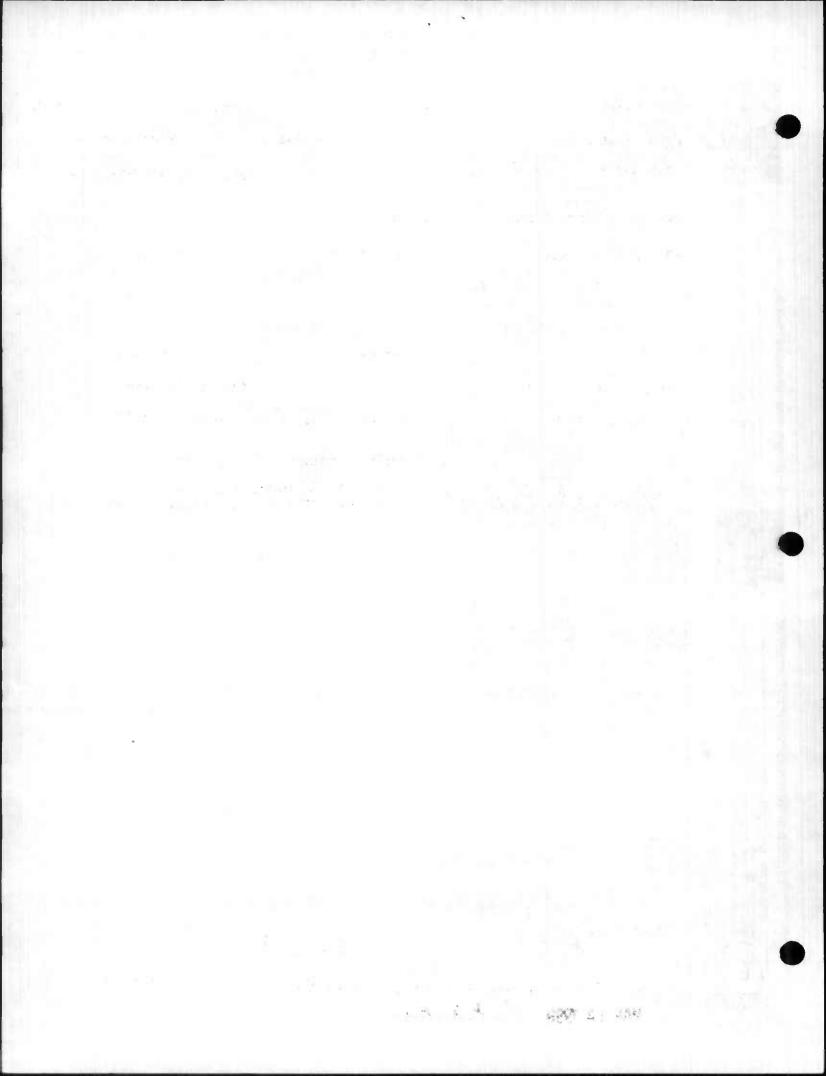
State of Maryland / Department of Health and Mental Hygiene 0 00012

				•	Ce	rtificate of	Death		Reg. No.	UJ	012
	Dhuaini		1. Decedent's Nama (First, Middla, La	-				2. Data of D	leath Day	Yaar	3. Tima of Death
- 6	Physici /Medi		Elizabeth	Ann Blake				03	05	98	12:20 PM
16	Examir		4a. Fscility Name (If not institution, give				4b. City, Town, or	Location of Dea	ith 4c. County	of Death	
			Heartland Heal		_	. It I be decid Man	Adelph			,	orge's
	Funerai Director			Sex 7. Aga (In	yrs. last birthday, 62 Yrs.	Months Deys		(Month, L	Irth Day, <i>Year)</i> 12–35	9. Birthpi Coun West	lece (Stata or Foreign try)Liberia Africa
	Maryland	tor	10e. State 10b. County Maryland Prince	George's	c. City, Town or L	ocation	Adelphi			1	0d. Inside City Limits XXX 2 □ No
	h with the 23a or 28 at be not	Funeral Director	10e. Street end Number 1801 Metzerott	Road		10f. Zip Coda	20783		10g. Citizan of Liberia		t Africa
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygione. thet than "natural", or theme 23a or 28a-f show ent, the Medical Examiner must be profiled at	by	11. Maritel Stetus 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Evar Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Detes:	in U,S. 13.	Was Decedant of If Yes, specify Cu 1 ☐ Yas 2 ☑ No	Hispanic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No Rican, etc.)	14. Rec Ble Specifi	ce - Amaric ck, White, o	
15-0	in 72 hours "natural", legical Exe	Completed	15. Decedant's Ed (Specify only highast gra	ide completed)	18a. Dece (Give	edant's Usual Occu kind of work done DO NOT usa retir	upation a during most of wor ed)	king	16b. Kind of B	usinass/Inc	lustry
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p	office of the control	Be C	17. Father's Nema (First, Middla, Last,)				na (First, Middl	a, Maidan Suman		
/lai	uld b Venta rked	To	Charles W. Blak	e Sr.			Sa	arah V.	Wagner		
lan	nd 2 should be filed within lifth and Mental Hygiene. 27 Is marked other than r traumatic event, the Me		19a. Informant's Name/Relationship (19b. Meili	ing Addrass (Stree	et and Number or Ru	ral Route Num	ber, City or Town,	Stata, Zip	Code)
	and lealth m 27		Musu Blake-Morri			and the same of th	Park Road		T		yland 2078
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra		20a. Mathod of Disposition 1 □ Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification)	Ramovai from Stete		osition (Nama of matory or other pl Memoria		Data 3/14/98	Landov		n tentra
Balt	permit. Departrimports any infr		21. Signeture of Funaral Service Licer		2	2. Name end Addi	enkins Fu	neral H	OMO		
	40200	_	Charles J.			7474 Lar	ndover Roa	ad. Lan	dover. M	laryla	ind 20785
a	Physician /Medical Examiner		23a. Part1. Enter the disease, or com- shock, or heart failure. List only Immediate Causa (Final disease or condition resulting in death)	a. ANTERIOS		CARN				-	Approximate Interval Between Onset end Deeth
	D 4	iner		b. AITEN						1	OYEARS
90,	ficate be axecuted physician and is the burial-transit	i Examiner	Sequantially list conditions, if eny, leading to immediata cause. Enter Undarlying Causa (Disease or Injury		to (or es a conse	1					
Box 68760,	Ti de	an/Medicai	that initiated events resulting in death) Lest	d	to (or es e consec	quance of):			- Service de la		
0	ilras that the death ce signed by the attend d be datached for us	sici	Pert ii. Other significant conditions o	ontributing to death but no	t rasulting in tha	ındariying ceusa g	ivan in Part I.	23b. Did	tobacco uss co	ntributs to	the cause of death?
P.0	d by	P _P	IN SELLIN	DEPENDENT	- DIF	LIETES	MEZLIT	7/4 10	Yss 2□No	3 Prob	bebly 4 Unknown
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ta	ifficate for, pe	Be C	25. Was cese referred to medical				26. Piece of Dec				Yas ZIJNO
>	Physician: The this certificate here al director, paga		axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	2 ER/Outpatie	nt 3 DOA O			sidence 8 Oth	er (Specify	1)
o uo	ang Phys h. After this funeral di	tion: 1	27. Mannar of Death 1. Natural 5 Panding Invastigation	28a. Date of Injury (Month, Day Yea		of 28c. Inju			how injury occur		
Divisi	to the Hospital or Attending is ithin 24 hours after death. To the Funeral Director: After completely filled in by the funer	Medical Certification: To	2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homicida dataminad		At homa, farm, st	reat, factory, office		28f. Location City or To	(Street and Numb own, State)	ber or Rura	Route Number,
	n 24 hour n 24 hour ne Funera	dical	29e. Certifiar (Check only one)	yalcian: To the best of my niner: On the besis of exer and manner stated.	knowiedge, deat mination and/or in	h occurred at the to avastigation, in my	ima, data and place opinion, daath occu	, and dua to the rred at tha time	a causa(s) and ma , data and place,	annar as standard	ated. tha ceuse(s)
	5	M	29b. Signeture end titla of certifier 39. Nama and addrass of person who	Hand	/ h \	D	nse number 104890		29d. Dete signe	6/9	y Year)
	9		DEHNIS HATA	11) 420	3 O(wen ha	Runel		tyaltan	lle	1110.
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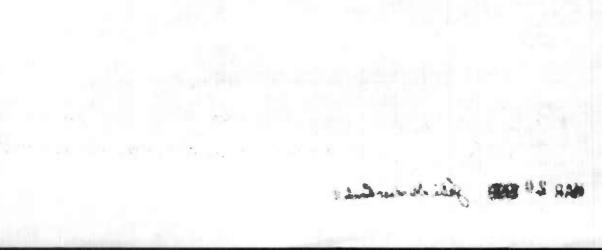
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Physician	N	. Decedent's Name (First, Middle, Last	1		Certifica	ate of L	Jeath	2. Dete of Deet	g. No.	0.7
10.4 - 12	_			Ba11				Month March 10		3. Time 4.5
/Medical Examiner		e. Fecility Neme (If not institution, give	THE THE PARTY OF T	Dall		4	b. City, Town, or l		4c. County	of Deeth
Funeral Director		8903 Clayton Lane Sociel Security Number 223–28–9272 6. Se	X 7. Age	e (in yrs. lest birtl	ndey) If Und Month	ler 1 Year s Deys	Clinton If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey,	Year)	e George's 9. Birthplece (State or Country) Virginia
	-	Isuel Residence of Dacedent						nugust 3	0,1910	viiginia
ms 23a or 28a-f show Linuxible notified at neral Director		0a. Stete 10b. County		10c. City, Town						10d. Inside City
notified at		Maryland Prince (eorge's	Cli	nton					1 ☐ Yes
or 28	1	0e. Street and Number			10f. 2	Zip Coda		10	g. Citizen of V	Vhat Country?
23a or unito	i	8903 Clayton Lane	9		2	20735			U.S.A	•
F F		1. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes:	12.00		37	spanlc Origin? (Si n, Mexicen, Puerti Specify:	pecify Yes or No- p Rican, etc.)	Blec	e - American Indian, k, White, etc. : White
ted and		15. Decedent's Edu (Specify only highest grad	cetion	16e. l	Decedent's Us	uel Occupe	etion	king 1	6b. Kind of Bu	siness/Industry
than 'r		Elemantary/Secondery (0-12)	Collega (1-4or 5	+)	life. DO NOT	use retired,	uring most of wor	King		
gien in the		5			omemake	er			Own I	Tome
d oth	1	7. Fether's Neme (First, Middle, Last)						ne (First, Middla, M		*
Ment Brike		David Daniel Boye	ers				Nina 1	Elizabeth	Carri	er
Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", of any injury or other traumatic event, the Medical Examples. To Be Completed by	1	19e. Informent's Name/Reletionship (Ty $\overline{ ext{Everett T. Ball/Hu}}$						ral Route Number, ton, Mary		
in of Hern is if item or other	2	0e. Mathod of Disposition 1) Buriel 2 Cremetion 3 R	lemoval from State	20b. Plece of cemetery				Data 2 /14/98 C1		City or Town, Stete
The state of	1	4 Donetion 5 Other (Specify)		kesur	,			14/90 61	inton,	rid.
Dapa	1	L Signature of Purioral Service Liberal	-d)	.)	Georg	end Addres	s of Fecility Kalas Fu	ineral Ho	me	
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100	13	23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	icetions thet ceused ne ceuse on each lin	the death. Do no	ot entar the me	ode of dying	g, such es cerdiec	or respiretory erre	st,	Approximate Intervel Between
Medical xaminer	r	mmediate Cause (Finel disease or condition esulting in death))I	MET Due to (or es a co			CAS	SCINO	mr.	
g physician and es the burial-transit		Sequentially list conditions, if eny, laeding to immediate eusa. Entar Underlying Cause (Disease or Injury	,	Dua to (or as a co	onsequence of	!):				
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ched ched	P	ert II. Other significant conditions con	tributing to death bu	t not resulting in	the underlying	ceuse give	en in Pert I.	23b. Did to	acco use con	tribute to the cause of
igned by be data								1 🗆 Ye	8 2□ No	3 Probably 4 U
been signed by the ettendir should be detached for use leted by Physician/A	-							24e. Wes an		24b. Were eutopsy fin eveileble prior to completion of car of deeth?
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	2	examiner?	lospitel:	nt 2 ER/Outs	etient 3 🗆 [Othe	-2	ome 5 Resider		or (Snacify)
s certificate hes director, pege 2 To Be Comp		1 ☐ Yas 2 🖾 No	1 🔲 Inpatier			28c. Injury Work		28d. Describe hor		
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within 24 hours aftar death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 Medical Certification: To Be Comp	2 2 3	7. Manner of Death 1. Naturel 2. Accident 3. Suicide 4. Homicide 99. Cartiflar (Check only one) 9b. Signeture end title of contiler	28e. Deta of Injun (Month, Dey) 28e. Plece of Injun building, etc. alcian: To the best of end menner stel	ry - At home, farr (Specify) my knowledga, examination and ed.	M n, street, fector daath occurre or investigation 2	ory, office d et the time, in my op 9c. License	a, data and place, inion, death occur number	City or Town, and due to the ca red et tha tima, da	State) use(s) and maita and place, e d. Date signed	nnar as stated. and due to the ceusa(s) (Month, Dey, Year)



	ELLIOT ON Items:		part I,27,28a-f per M	State of Maryland E0 G-757 3/31/98 d				Mental Hy	rgiene 8	09	614
			1. Decedent's Name (First, Middle, Las					2. Dete of De Month		Yeer	3. Time of Death
	Physici /Medic		GARRY E. BEN	SON					17,1998		05:55 AM
	Examin		4e Facility Neme (If not institution, give	street end number)				r Location of Deat l Heigh	. 1		
			520 LARCHMONT AV 5. Social Security Number 6. S	ENUE	has hista	day) If Under 1 Year				CE GEC	
•	Funeral Director			ex 7. Age (In yrs. In □XM 2□ F 3 2		Months Devs	Hours Min	8. Date of Bi (Month, Di	Y. Year 963	Cheve	ce (State or Foreign
Н			Usual Residence of Decedent								
	anylan		MD Drings			or Location tol Heigh	+5			10d	I. Inside City Limits 1 Yes 2 No
	he M	Director	10e. Street and Number	deorge s ca	z P T	10f. Zip Code	103		10g. Citizen of W	What Country	
	72 hours efter death with the Maryland natural, or items 23a or 28s-f ahow scal Examiner must be notified at		520 Larchmont A	venue		2074	13		U.S.		,,,
	items 23	Funeral	11. Maritel Stetus	12. Was Decedent Ever in U.S	S.	13. Was Decedent of If Yes, specify Cul	Hispenic Origin?	Specify Yes or No	o- 14. Race	e - American	
0	or its		1 ☑ Never Merried 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 ☐ No		If Yes, specify Cul		erto Hican, etc.)		k, White, etc	
005	ours real',	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 105 2 M	эреспу.			Blac	
15-	within 72 hours jiene. r than "natural", r Med ell Er	Completed	15. Decedent's Ed (Specify only highest gre	ucation de com <i>pleted)</i>	16e. D	decedent's Usuel Occu Give kind of work done ife. DO NOT use retin	pation during most of w	orking	Constr		
212	within iene. then "	дшо	Elementary/Secondery (0-12)	College (1-4or 5+)	Coi	nstructio	n Work	er			dustry
b	be filed tral Hygid d other event, II	Be C	17. Fether's Neme (First, Middle, Last)					ame (First, Middle		e)	
Vlar		10 8	John E. Bensor	1			Annie	Lou Da	Vis		
Maryland 21215-0020	200		19a. Informent's Neme/Relationship (7		19b. /	Mailing Address (Stree	tend Number or I	Rurel Route Numb		State, Zip C	ode)
	C # 2 F		John E. Benson/				e Stre			Oh T	. 0
Jor	to to		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐	Remove from State		Disposition (Name of crematory or other plants		Dete	20c. Location -		
Baltimore,			4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funeral Service Lican		rmor	y Memori 22. Name and Addr	al Park	93/23/9 enry S	8 Land		
Ba	permit. Departminimports any inju		1 5 Date Country			Co., Inc	2., 492	5 N.H.	Burroug	ghs A	ve., N.E
		\dashv	23e. Part1. Enter the disease, or comp shock, or heart failure. List only	olicetions that caused the death	n. Do no	wasningt tenter the mode of dy	ing, such es cardi	ec or respiretory	errest,		pproximate nterval Between
	Physician		snock, or neer failure. List only	one cause on each line.						Ö	Inset end Death
	_/Medical Examiner		Immediate Ceuse (Final disease or condition	ACUTE NARCOT	IC &	COCAINE INTO	XICATION				
	- Adminior	*	resulting In deeth)	Due to (or	res a co	nsequence of):					
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ó	ango an end rial-tra	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (or	98 9 00	nsequenca of):					
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Вох	eth for u	Physician/Med		0.							
o.	as that the de igned by the c be detached	ysk	Part II. Other significant conditions of	ontributing to death but not resu	ulting in t	he underlying ceuse g	iven in Part I.				he cause of death? bly 4 Unknown
0,	s that ned b	by PI						_ '	Tes ZUNO	3 Proba	biy 4 Olikilowii
Records,	- w D								s en eutopsy ormed?		autopsy findings able prior to
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of	Physician: this certific ral director,	2	1 √ Yes 2 No 27. Manner of Deeth	Hospital: 1 Inpatient 2 I	ER/Outp	atient 3LI DOA		Home 5X Res	how injury occurr		
	ling After fune	tion	1 ☐ Netural 5 ☐ Pending	(Month, Day Year)	Inj	ury W	ork? ⊒Yes 20X0XNo		now injury occur	100	
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Ö	る場合に	Certification:	4 Homicide	found at home	")				Heights, M		ont Avenue,
	To the Hospital within 24 hours of To the Funeral Completely filled	edical (ysician: To the best of my know linar: On the basis of exeminet end manner steted.				ce, and due to the	ceuse(s) end me	enner es stet	
	To the Within 2 To the comple	×	29b. Signature and title of certifier	00		29c. Licer	nse number		29d. Date signer		
			Dennis (.	Chut		OC	ME		MARCH	17, 19	998
			30. Name and address of per who	completed cause of deeth (Item	23e) (T 111	ype, Print) Penn Stre	et, Balt	imore, M	aryland	21201	

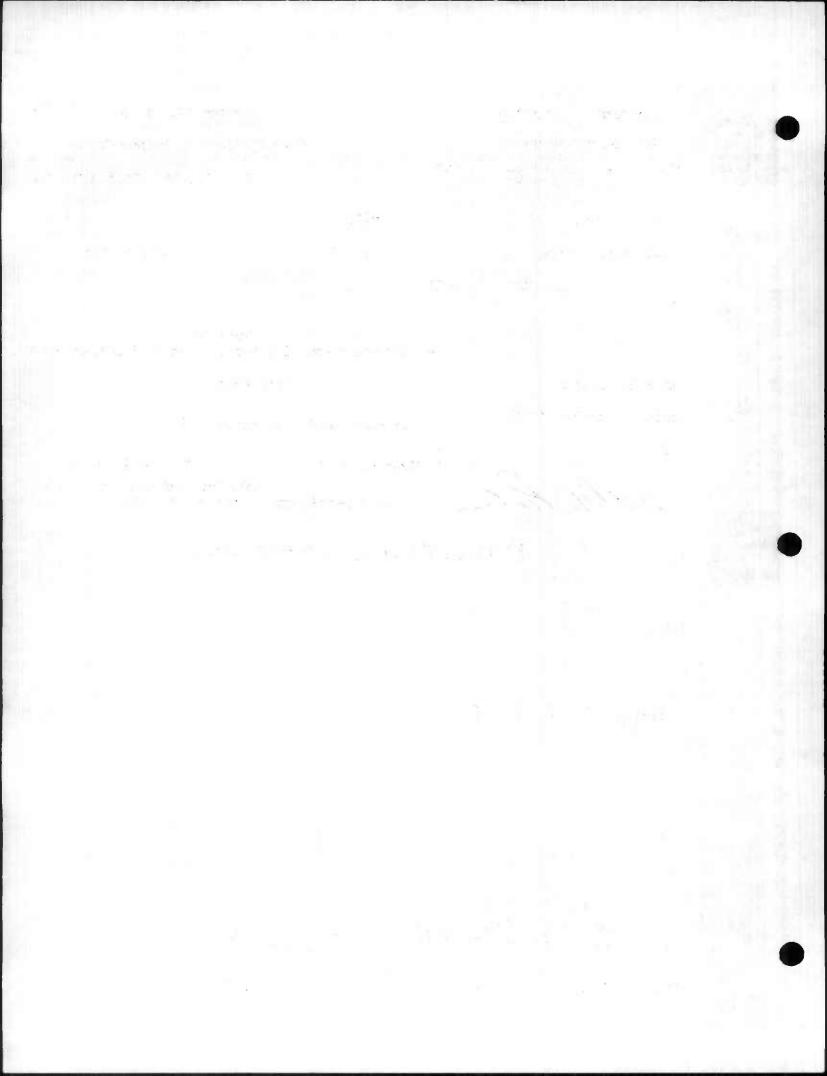
Registrar



State of Maryland / Department of Health and Mental Hygiene

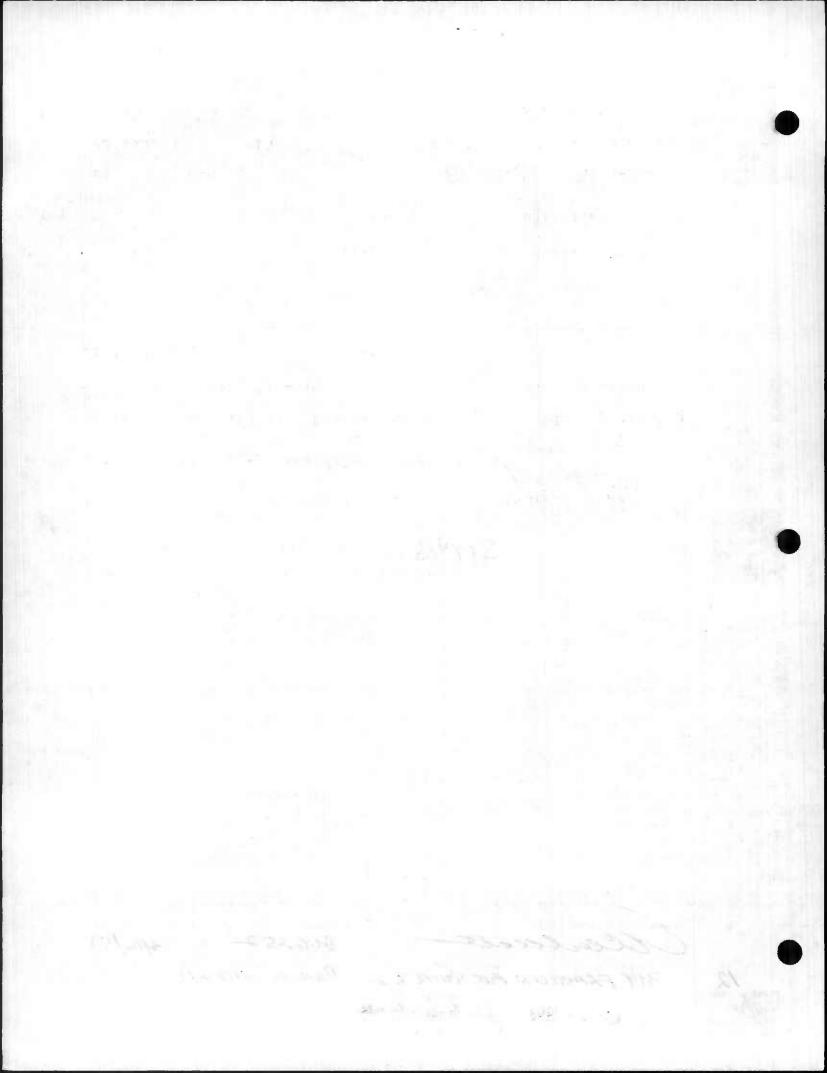
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ķ.	Exami	ner	4e. Fecility Neme (If not institution, giv	The state of the s					r Location of Dee			
			6700 Cacona Str				Williams 4 Vo		tville	Pri	nce Geor	
ı	Funeral Director	P	5. Social Security Number 6. S 229 03 9160	ex 7. Age	(In yrs. let	st birthday) Yrs.	If Under 1 Ye Months De		n. (Month, D	rth ey, Year) 3, 1920		State or Foreign
	P >	7	Usuel Residence of Decedent 10a. Stete 10b. County		10- 0-	Town and a	41					
	Maryla H show	tor	MD P.G.		TUC. City,	Fores	tville					side City Limits Yes 27 No
	h with the	Funeral Director	10e. Street end Number 6700 Lacona Stre	et			10f. Zip Cod 2074			10g. Citizen of United	Wher Country?	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funer	11. Maritel Sfatus 1 □ Never Merried 2 □ Married XX Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 11 Yes 2 N If Yes, Give Yeer or Detes:	Ever In U,S. lo WWI]	_	Vas Decedenf Yes, specify C	of Hispenic Origin? cuben, Mexican, Puc No Specify:	(Specify Yes or Norto Rican, efc.)	14. Rac Bie Specif	ce - American Inck, White, etc.	dlen,
0-10	2 ho	ted	15. Decedent's Ed	lucation		16e. Deced	ent's Usuel Oc	cupetion		16b. Kind of B	usiness/Industry	
21215-0020	within 7	Completed by	(Specify only highest gra	de completed) Δ College (1-4or 5-				cupetion ne during most of w tired) tant Dire				ge of Va
	her her		17. Fether's Neme (First, Middle, Last)	-	1	OLINCI	LOSTS					ge or ve
/lan	2 should be filed with and Mental Hygiene. Is marked other ther aumetic event, tre	To Be	Frank H. Sharpe						^{eme} (First, Middle a Foster	, Meiden Sumer	ne)	
Maryland	12 should h and Men ls marks traumatic		19e. fnforment's Neme/Relationship (David L. Berkley	Type, Print) (SON)				eet end Number or			State, Zip Code)
	Health Health em 27		-		DON DIE		Susan J	Lane, Cli				
Baltimore,	00		20e. Method of Disposition XX Buriel 2 Cremetion 3 C 4 Donetion 5 Other (Specific	Removal from State	cen	netery, crem	etory or other	Diece)	Dete		City or Town, S	
alti	permit. Pag Department Important: It any Injury o		21. Signeture of Funeral Service Licen	_	Date		rial Pa	dress of Fecility			field,	
ä	Depar Impor any Ir		Motolo	Kul		L	ee Fune	ral Home	6633 Old			ry Rd.
	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	o. My0		201 es e consequ		INFA	RCTIOI	V		val Between of end Deeth
),	cate be executed physician and s the bunal-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	b	Due to (or e	s e consequ	uence of):					
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Box	attendin for use	Physician/N		0.								
0	e de the a	/slc	Pert II. Other eignificant conditions co	onfributing to deeth bu	t not resulti	ng In the un	derlying cause	given In Pert I.	23b. Dld	tobacco use co	ntribute to the	auee of death?
, P.O	es that the de igned by the a be detached to		THYROID I	ISEASE	-				10	Yes 2□ No	3 Probably	4 Onknown
Records,	aw requii	Completed by							24a. Wes	s en eutopsy ormed?	evaileble	on of cause
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>		0	examiner?	Hospitel: 1 ☐ Inpatien	nt 2 EF	3/Outpetient	3□ DOA	Othor	Home 5 Pres		er (Specify)	
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5	al or Attending P. s after death. Il Director: After ti ed in by the funera	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined		ry - At hom (Specify)	e, ferm, stre			28f. Location ((Street and Numb wn, Stete)	per or Rurel Rou	le Number,
	Hospit 24 hour Funera tely fills	edical	29a. Certifier 1 Certifying Physics Const. 2 Medical Example 2	vsicien: To the best of	exeminetion	edge, deeth	occurred et the	time, date end ple y opinion, death oc	ce, end due to the curred et the time,	ceuse(s) end mo	enner es steted. end due to the c	ause(s)
	within 2 To the comple	Mec	29b. Signature and tax of certifier	end menner stet	44 .	Λ	290 Lin	ense number		29d Date since	d (Month Day	(aar)
	F. 3 F. 8	3534	> Jun VC	In Jan	n M.	\mathcal{U} .	T	305	83	29d. Date signe		
			30. Name and address of person who o								77 10	1_1_()
			Dr. John Van Dam 31. Dete filed (Month, Dey, Year)	,650 Penn.	Ave.	S.E.	, #370	Wash. D	.C. 2000	3		
	Sta		MAR 1 8 19	32. Registre	Marde	an Raul	N					

DHMH 16 Rev 6/95



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NEW U		Decedent's Name (First, Middle,	ast)		Ce	rtificat	te of	Death	2. Date of	Reg. No.		3. Time of	Death
Physic		ROSALIND BRA	DRIIDA						Month	Day	Year		
/Medi Exami		4a. Facility Name (If not institution,		r)			- 1	lb. City, Town, o	MARCH r Location of De	ath 4c. Count	998 y of Death	3:05	PM-
Funeral Director		5. Social Security Number 199-32-5926	Sex 7./		TR	If Unda Months	r 1 Year Days	BERL If Under 24 Hr Hours Min	s. 8. Date of I	WOR(9. Birthp	R laca (State of try) A .	r Forai
yland		Usual Residence of Decedant 10a. State 10b. County		10c. C	ity, Town or Lo	ocation					10	0d. Inside Cit	tv Limi
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or the	by Funeral Director	11. Marital Status 1 Nevar Married 2 Marriad 3/10/Widowed 4 Divorcad	12. Was Deceder Armed Forces 1 Yes 27 If Yas, Give	No		Was Decedif Yes, spe	4 .	ispanic Origin? (n, Mexican, Pua Specify:	Specify Yes or rto Ricen, etc.)	No- 14. Ra Bla Speci	ce - Amaric ack, White, o	etc.	
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should t nd Ment marked umatic	10		1ARSH					MARY E	. MACK	EY			
d 2 sh h and h sm 7 is m treum		19a, Informant's Name/Relationship CYNTHIA SCHAF			196. Mailii					MD., 21	, State, Zip 811	Code)	
Haelt Frm 2		20a. Mathod of Disposition		20b. I	Placa of Dispo				Date	20c. Location		wn State	
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permit. Pages 1 and 2 sho Depertment of Haelth and Important: If Item 27 is ma any Injury or other treum once.		21. Signature (Truncal Serve Lic		SA		2. Name ar	nd Addres	s of Facility	3-16	SALISE			18
-		23a. Parti Philir the disease, of co shock, or heart failure. List on	blications that cause	ed the dea				UNERAL g. such as cardia		BERLIN	I, MD	 Approximate 	9
Medicate be assented by Medicate be assented by bhysician and es the burial-transit	edicai Examiner	Immediate Cause (Final disease or condition rasulting in daeth) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b	Due to (d	or as a consecutor as a consec	quenca of):							
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the atta	Physician/N	Part II. Other algolificant conditions	contributing to death	but not res	uiting In the u	nderlying c	euse give	en in Part I.	23b. DI	d tobacco use co	ontribute to	the cause of	f des
requiras thet the death cen been signed by the attandin should be detached for use	by Phy								10	Yes 2 No	3 Prob	ably 4⊡L	Jnkn
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this al	은	1 ☐ Yas 2 🔏 No 27. Mannar of Death	Hospital: 1 ☐ Inpat 28a. Data of Inj		ER/Outpatien			Nursing		sidenca 6 Otl)	
After fune	Certification:	1 ANatural 5 Pending 2 Accidant Investigati 3 Sulcida 6 Could not	(Month, D	ay Year)	28b. Time of injury	М		at ?? /es 2 □ No		e how Injury occur			
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Hosp 24 ho Fune etaly f	edical	29a. Certifier 1 Certifying F (Check only one) Medical Exe	nysician: To the best miner: On the basis of and manner s	of examina	wledge, daath tion and/or inv	occurred a vastigation,	at the tim in my or	e, data and plac inion, daath occ	e, and due to th urred at the time	a causa(s) and m e, data and place,	anner as sta and due to	ated. tha ceusa(s)	
within 2 To the comple	X Y	29b. Signature and title of certifier	and mainer a	iatou.		290	. Licansa	number		29d. Date signe			
		Olleen	lecé	2			2	4625	.7-	3/	16/9	8	
10		30. Name and address of person who	completed cause of			Print) E		Castan		2/8//			
12		164 1 101/12	- Colo Line	9	11 6 76	1	1		/	. 0 , ,			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death Month John Calamari 12:32 PM March 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Caneral Olumbia County HOWard If Under 24 Hrs. 8. Date of Birth (Month, Day, If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days 10 M 20 F 124-10-2687 76 20, Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Howard Ellicott City 10e. Sfreet and Number 10f. Zip Code 10g, Citizen of What Country? 3345-D North Chatham Road 21042 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 XYes 2 No If Yes, Give Year or Dates 1943-45 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify. 3€ Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Postal Worker Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Luigi Calamari Anna Briggi 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10074 Colonial Drive Ellicott City, MD 21042 John T. Calamari/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Crownsville Vetr. Cem. 3-16-98 Crownsville, Maryland 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility Harry H. Witzke's Family Funeral Home, Inc. ma. 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of deeth? 1 108 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one)

Physician /Medicai Examiner

nt of Haaith a If item 27 is or other tra

Department of Important: If any Injury or

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

Be

Funeral

Director

Pagas 1 and 2 should be filled within 72 hours aftar death with the Maryland nant of Haaith and Mantal Hygiana. Int: If item 27 is marked other than "natural", or items 23a or 28a-f show

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examener must be notified at

burial-transit tha ed by the attanding p datached for use as sata has been signed by paga 2 should be datac cartificata director, this funaral Aftar within 24 hours aftar death. To the Funeral Director: A

or Attending Physician: The law requires that the death certificate be executed

Hospital

To the

P.O. Box 68760.

Division of Vital Records.

Examiner Physician/Medical þ Be Completed

Medical

Certification: To filled in by the

State

complataly i

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Natural 5 Pending

1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Deleon Little Peturent 31. Date filed (Month, Day, Year)

MAR 1 3 1998

2 Accident

4 - Homlcide

(Check only one)

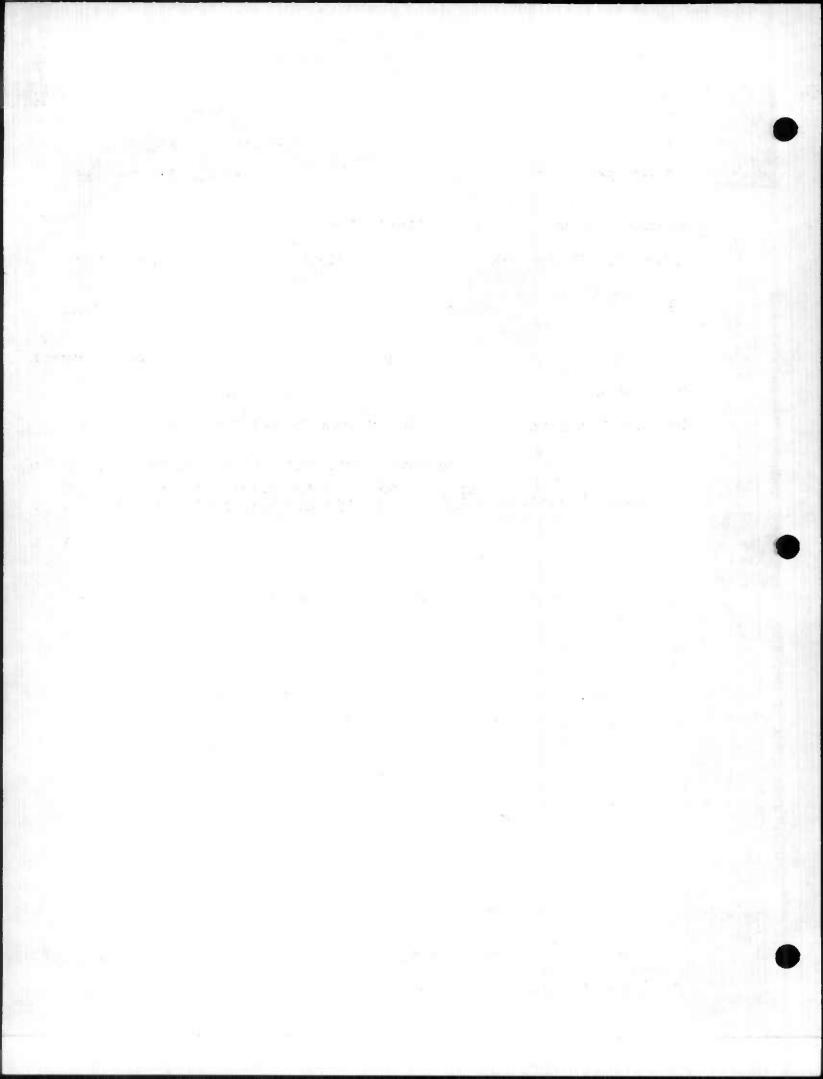
29b. Signature and fitle of cartiffer

3 Sulcide

29a. Certifier

32. Registrar's Signature

Registrar



98-1126-005 wlc NAI - TA

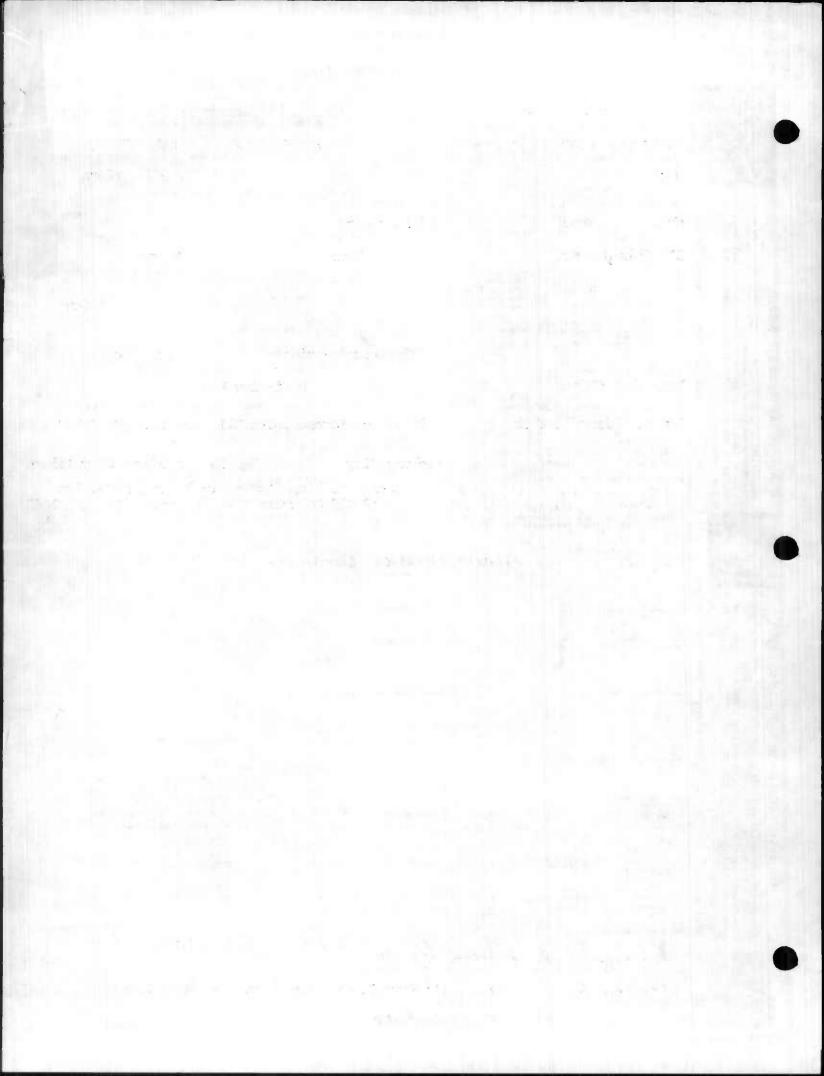
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IG .			State (Ji iviai yie		tificate of	Health and f Death		Reg. No.	096	ima of Death
Physician /Medical	Nai-ta	Chia						2. Data of Do Month Febru	Day ary 28,	Yaar 1998 5.	35p
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10a, S	Rasidance of Decedant tata 10b. Cou	ntv		10c.	City, Town or Lo	cation		-		10d. in:	sida City Limits
D Non										15	Yas 2□No
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11 Ma	aritel Stetus		2. Was Dec	cedent Ever in	U.S. 13. V		Hispanic Origin? (Specify Yes or N		e - Amarican Inc	dian,
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	ther's Name (First, Midd								a, Maiden Surnem	10)	
Maa	n-Chou Chia	ang					Huei-Y	ing Lin			
	nformant's Nama/Ralatio						et and Number or I				
Ted	N. Chiang	/Brotl	her				rest Cour	t Ellia	ott City	, MD 210	042
	lathod of Disposition	. 2 7 10.	amayat fram	20t	. Plece of Dispo cematary, cran	sition (Nama of natory or othar p	laca)	Data	20c. Location -	City or Town, S	tate
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21. Sig	gnature of Funeral Sarvi	ce Licanse	a	- 1	22	Neme end Add	rass of Facility Witzke's				
23a. F	Part1. Enter the diseasa shock, or haart failura.	or complication	cations that a cause on	caused the de	4	112 Old	Columbia	Pike E	llicott (City, MI Appr	
disaas rasulti	diata Cause (Final sa or condition ing in deeth)	a	At		clyrotic o (or as a consac		rdio vasi	ular a	lisease	 	
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O thet in	itietad avants ing In daeth) Lest	1		Dua to	(or as e consaq	uance of):					
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B B		- 0.									
Part II.	Other significant cond	litions cont	tributing to	daath but not i	resulting In tha u	ndarlying ceusa	givan In Part I.	23b. Dk	d tobacco uss co	ntribute to the	cause of death?
								10	Yss 2□ No	3 Probably	4 Unknown
								24e. Wa	s an autopsy tormed?	eveileble	utopsy findings a prior to ion of cause
										of death	
								125	Yas 2□No	1 Yas	2□ No
	as case reterred to med eminar?	ical						aath (Chack only	one)		
	eminar/ ŠiYas 2∐ No	H	ospitel: 1 [Inpatient 2	ER/Outpatier	at 3 DOA	Othar: 4 ☐ Nursing	Homa 5□Ra	sidance 6 □Oth	ner (Specify)	
27. Ma	_ noordant	stigation	28e. Deta (Mo	a of Injury onth, Day Year	28b. Tima of Injury		jury et /ork? □ Yas 2 □ No		how injury occur		
3E 4E		ermined	28e. Pleo build	ce of Injury - A ding, etc. <i>(Spe</i>	t homa, farm, str ecify)	aat, factory, offic	20		(Street and Numb own, Stete)	ber or Rural Rou	ta Number,
29a. C	Certifier 1 Certifier Check only one)	lying Physicat Examin	er: On the I	e bast of my libasis of axam nner steted.	mowledge, death ination and/or in-	occurred at the vastigetion, in m	tima, date and pla y opinion, death oc	ce, and dua to th curred at tha time	a cause(s) and ma a, date and place,	annar as steled. and dua to tha d	cause(s)
-	ignatura and titla of cert	ifiar		1			nsa number		29d. Dete signa		Year)
20.27	styst	11	V	Lac	ley, M	P	C.M.E.		March 1	, 1998	
	ima and address of pers	_									
	te filed (Month, Day, Ye		aden	7 Z		Street	, Baltim	ore, Mar	yland 21	201	

Registrar

MAR 0 2 1998

32. Ragistrar's Signatura



State of Maryland / Department of Health and Mental Hygiene 🔾 🏻

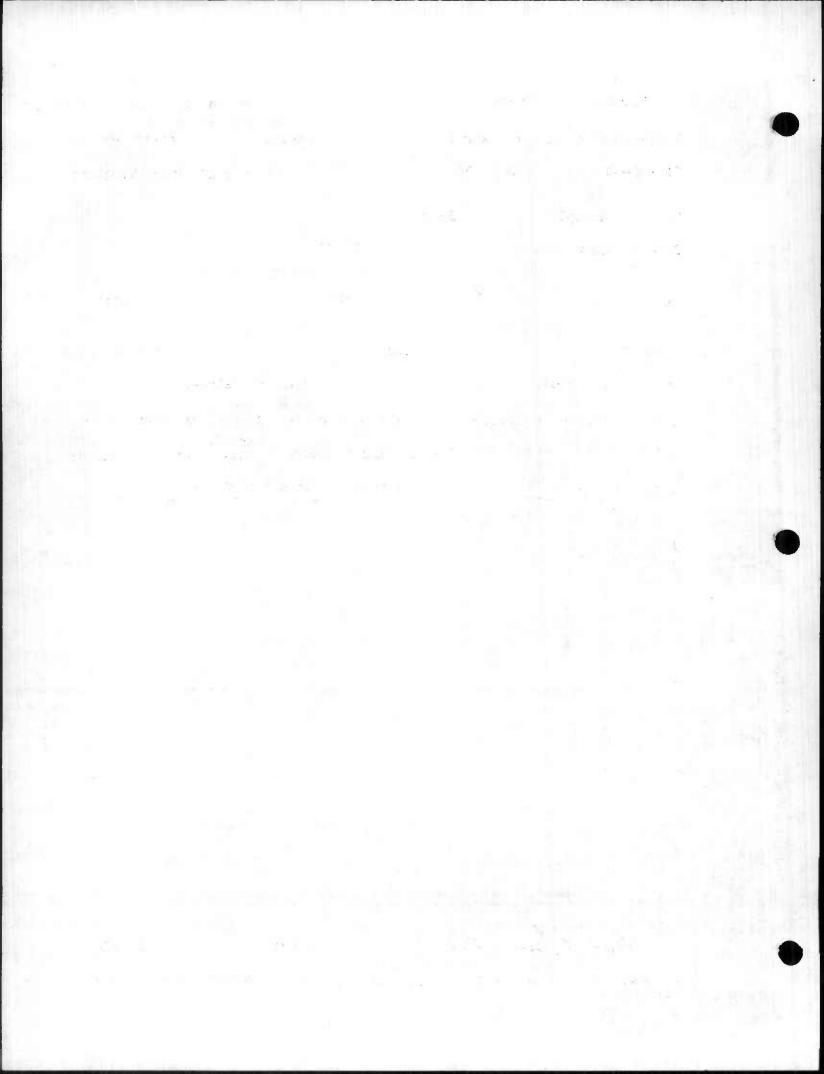
Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth March **Physician** Dey 1998^{eer} Frances Ellen Chaney 1, 10:50 pm /Medical 4e. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Mariner Health Care of Laurel Laurel Prince George 5. Sociel Security Number If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Yeer) 9. Birthplace (State Country) Virginia If Undar 1 Year 7. Aga (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2√X Deys 216-28-8484 80 Yrs Director Usual Residence of Decedent the Marylend 10e Stete 10b. County 10c. City, Town or Location r 28a-f show 10d. Insida City Limits 1XXYes 2 □ No Md. Director Howard Jessup 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? with 7 is marked other than "natural", or itama 23a or traumatic event, the Medical Exercises must be a 20794 9106 Windemere Way USA permit. Pages 1 and 2 should be filed within 72 hours effer death 1 Department of Health and Mental Hydren. Important: if fem 27 is marked other than "natural", or items 23s any Injury or other traumatic evens. Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. I ☐ Yas 2 XXIVO If Yes, Give Yaar or Dates: 1 Never Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo Specify: White þ 3XXWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Grade Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First Middle Meiden Surnama) Be Major P. Lillard Ella Lee Mathews 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Steta, Zip Coda) 9106 Windemere Way Jessup, Maryland 20794 Louise Thornton / daughter 20e. Method of Disposition

*Burial 2 □ Cremation 3 □ Removel from State 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Fort Lincoln Cemetery 20c. Location - City or Town, Stete Maroate 5, 1998 4 ☐ Donation 5 ☐ Other (Specify) Bladensburg, Md. 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 20707 23e. Part1. Enter the diseasa, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only ona cause on each lina. **Physician** /Medical Immediata Cause (Finel diseese or condition resulting in death) PNEUMONIA Examiner Due to (or es e consequence of): The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest and Due to (or es e consequence of): P.O. Box 68760, ettending physicien for use es the burie Physician/Medical Dua to (or es a consequence of): the t Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by d be detect CEREBROVASCULAR ACCIDENT 1 | Yes 2 | No 3 | Probably 4 | Unknown Division of Vital Records. p DIABETES MENITUS 24b. Were autopsy findings avelleble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? hes ORGANIC BRAIN SYNDROME this certificate 1 Yes 2 M No 1 ☐ Yas 2 ☐ No or Attanding Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Versing Home 5 Rasidance 6 Other (Specify) Certification: To 1 Yes 2 DNo funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death in by the 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide within 24 hours a To the Funeral D completely filled Hospital Medicai 29a. Certifier 1D Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end manner stated. 94 29b. Signature and title of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) 0 30. Neme and eddress of person who complated cause of death (Item 23e) (Type, Print) 8317 CHORAY LAVE LAURER MD CASAS MI 32. Redistrar's dignature Randall

Registrar

State



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Patrick Henry Crowe Sr. February 1998 21 11:47 m /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Howard County General Hospital Columbia Howard If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) # Under 1 Year | Months Days 5. Sociel Security Number 6. Sex Birthpleca (State or Foreign Country) **Funeral** Days 1⊠M 2□ F Yrs: Director 213-20-4675 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or hems 23a or 28a-f show traumatic event, the Medical Examiner must be nutfied at 1 ☐ Yes 2X No Directo Maryland Howard Ellicott City 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2413 Mt. Hebron 21042 United States Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bieck, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: WWII 1 Never Merried 2K1 Merried Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed permit. Pages 1 and 2 should be filed within 72. Important: If fem 27 is marked other than "netu any injury or other traumatic event any source." Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 10 Construction Supervisor Baltimore Gas & Electr 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Charles John Crowe Susan Brennan Doyle 19e. Informant's Neme/Raletlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Marian T. Crowe/Wife 2413 Mt. Hebron Ellicott City, Maryland 21042 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Cemetery 2-24-98 Baltimore, Maryland 22. Neme and Address of Facility. Harry H. Witzke's Family Funeral Home, Inc. 21. Signeture of Funerel Service Licenses a 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician Cardiac arrhy Thracia /Medicai Immediete Cause (Finel diseese or condition resulting in deeth) Examiner Examiner that the death certificate be executed physician and the burief-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last a cute mycandial mfante 1. h. P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? acteriosclerotec 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown been signed I should be det Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed ndimia, -24e. Wes en eutopsy performed? s certificate has t director, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was case refarred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Tima of 28c. Injury et Work? After 1 Naturel 5 Pending death. 1 ☐ Yes 2 ☐ No investigetion 2 Accident 24 hours efter deal Funeral Director: 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, atc. (Specify) filled in by 4 Homlcide edical To the Hospi within 24 hou To the Funer completely fil 29a. Certifiar 1 Certifying Physicism: To the best of my knowledge, daath occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and menner steted. 29b. Signeture and title of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) DO 9293 MD. Feb. 23, 1998 10 30. Nema and eddress of person who completed cause of deeth (Item 23a) (Type, Print), DE REPUBLIC, H. MARIN. 345V-MILKENS AVE, BALTO, MD. 21229 31. Dete filed (Month, Dey, Year) FEB 2 3 1998 July d'involver Randell

DHMH 16 Rev 6/95

State Registrar

to find a first partition

			State of N	naryiar		tificate of		d Mental H	ygiene Reg. No.	3 0	9621
Physicia /Medica Examine	ai	1. Decedent's Name (First, Middle, Last) Mattie L. 4e. Fecility Neme (If not institution, give s	Car	pente	r		4b. City, Town,	2. Dete of I Month March or Location of De	Dey 9, 1	Yeer 998 y of Deeth	3. Time of Death 9:18 P.M
Funeral Director		5. Social Security Number 230-20-9028 6. Sev	ive		lest birthday) Yrs.	If Under 1 Year Months Deys	Laure	Irs. 8. Dete of E	Princ	e Geo:	rge's ace (State or Foreig y) gton, D.C.
-f show fied at	tor	Usuel Residence of Decedent 10a. State 10b. County District of Columbia	1	10c. Ci	ty, Town or Loo	eation shington					d. Inside City Limit
23a or 28	Funeral Director	10e. Street end Number 423 Sixth Stree	t, N. E.			10f. Zip Code	0002	Ш	10g. Citizen of	Whet Count	
nd Mental Hygiene. merked other than "netural", or items 23s or 28s-f show umetic event, in Mental Exercise mant to notified at	by Funer	11. Maritel Status 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. Was Deceden Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes	i? No		/es Decedent of I Yes, specify Cub		(Specify Yes or Nerto Rican, etc.)	No- 14. Ra Bla Specia	ce - America ick, White, e	ic.
than "natura Pe Medical E	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondery (0-12)		5+)	(Give I life. D	ent's Usuel Occu ind of work done O NOT use retire	during most of world)		16b. Kind of E	Business/Indu	estry
Mental Hygiene arked other than atic event, Inc.	To Be Co	17. Fether's Neme (First, Middle, Lest) Birttie Lewis				unting T	18. Mother's N Magda	_{lame (First, Midd} lene Pin	de, Maiden Sumer Cham		
		19e. Informent's Neme/Reletionship (Ty) Sheila P. Carpente 20e. Method of Disposition 1 🖾 Buriel 2 Ocemetion 3 OR:	r - Daug	20b. F	5802 Plece of Dispos		Drive,	Rural Route Num Laurel, Dete	MD 2070 20c. Location	7	
Department of Heelth a important: If Item 27 is any Injury or other tra once.		4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License		-	22.	n Cemeter Name end Addre 'EWART F	ess of Fecility	3/13/98 IOME, Inc	Brentwo.	ood, M	D
Medical is the buriel-transit and statement is the buriel-transit and in the principle of t	dical Examiner	23a. Enter the disease, or compile work, or heart feilure. List only on Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	Acute 1	Due to (c		ience of):	19, 3001 03 0010	inc. or respiretory	911901,		Approximate riterval Between Driset and Deeth MOS.
or use es		Pert II. Other significant conditions cont	tributing to death	but not res	ulting In the un	derlying ceuse gl	ven in Pert I.				he cause of death
should be d	2							24e. We	s en eutopsy	24b. Wern evaluation	e eutopsy findings eble prior to pletion of cause seth?
certificate has rector, page 2		25. Wes case referred to medical					Of Blancat C	1 Ceeth (Check only	Yes 2 No	10	Yes 2□ No
is is	2	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Naturel 2 Accident Investigation	ospitel: 1 ☐ Inpat 28e. Dete of Inj (Month, De	ury	ER/Outpetient 28b. Time of Injury	28c. Inju Wo	ner: 4 Nursing	Home 5 🗷 Re	sidence 6 Ott		
24 hours after deeth. • Funeral Director: After tetaly filled in by the funeral Certification:		3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined	building, e	tc. (Specify	y)	et, fectory, office	me data and al-	City or To	(Street and Numi		
within 24 hours a To the Funeral I completely filled Medical Ce		(Check only 2 Medical Examinations)	er: On the basis of end menner s	of exemine	tion end/or Inve	estigetion, In my o	opinion, deeth oc	ce, end due to the curred et the time	, dete end plece,	and due to t	he cause(s)
12		29b. Signeture and title of cert fier 30. Name and address of person who con	Sau npleted cause of	deeth (Item	23e) (Type, P		3912		29d. Date signe		
State Registrar		Stephen Staal, M		221 Me rer's Signe		le Lane,	Largo,	Marylar	nd 2077	4	

DHMH 16 Rev 6/95

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14 9 List & 18

State of Maryland / Department of Health and Mental Hygiene 9 9 6 2 2

						Certifica	ate of L	Death		Reg. No.	0 0	20	66
Г		-5	1. Decedent's Name (First, Middla, Last)					2. Deta of De	ath	FOUND	3. Ti	ima of Death
	Physic		Charles Edgar	Condray,	III				Month	H II	119 C		:00 km
	/Medi Examii		4a. Facility Name (If not institution, giva				4	b. City, Town,	or Location of Deat		ounty of Deat	h T	owp
7	LXaiiii	ICI		H BRIDGE	- Rhai		1	Bow	-		ZINCE !		RGEK
1	Funeral		5. Social Sacurity Number 6. Sa		(In yrs. last birti	hday) If Uni	der 1 Yaar	If Undar 24 H	rs. 8. Dete of Bir	th			Stata or Foreign
L	Director		467-72-8746 Usual Rasidanca of Decedant	M 2□F	54	rs. Month	ns Deys	Hours N	lin. (Month, De May 13				gton, DC
	Manyland f ahow	or	10a. Stata 10b. County	Caanaa I =	10c. City, Town								ide City Limits Yas 2 □ No
	the 288	9	Maryland Prince (seorge s	DOMTE		Zip Coda			10g Citiza	en of What Co	untry?	
	23a or	Funeral Director	7217 Highbridge Ro	oad		2	0715			U.S		only?	
5-0020	72 hours efter death with the Maryland natural, or items 23s or 28s-f show o'cal Expriner must be notified at	by	11. Maritel Stetus 1 □ Never Married 2 □ Married 3 □ Widowed 4 ☒ Divorced	12. Was Dacadant E Armed Forces? 1 X Yas 2 N If Yas, Giva Yeer or Datas:	And the same	4 □ Vaa	cedenf of Hi pecify Cuba 2 XNo		(Specify Yas or No erto Rican, atc.)		4. Race - Ama Black, White Specify:		
5-0	natural'.	tec	15. Decedant's Edu (Spacify only highast grad	ication	16e.	Decedant's U	sual Occupa	ation	working	16b. Kin	d of Businass/	Industry	
2121	2 2	Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5-	H)	life. DO NOT	usa ratired	furing most of	WORKING				
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yla	should be nd Mental markad o	2	Charles Edgar Co	ondray, Jr	•			Cord	lelia Ton	ry			
a	and and is me		19a, Informant's Name/Reletionship (T)	rpe, Print)	19b.	Meiling Addre	ess (Street e	and Number or	Rural Routa Numb	er, City or	Town, Stata, Z	(ip Code)	
	Health arm 27		Cordelia Condray ·	- Mother					Cheverly	, Mar	yland	2078	35
ore			20a. Mathod of Disposition 1 ₺ Burial 2 □ Cremation 3 □ F	Damassal from Chata	20b. Place of cemetery	Disposition (A r, crametory o	Vama of or other place	a)	Data	20c. Loc	ation - City or	Town, Sta	ata
Ē	Pages nent of h ant: If its		4 □ Donation 5 □ Othar (Spacify)		Fort L				3/17/98	Bre	ntwood.	Mar	cvland
Baltimore,	그는원들		21. Signatura of Funaral Service Licens	PR	A	22. Nama	and Addras	s of Facility					7
0	Depermination of the series of		D. J.	H. I M	_ 0	Franc	is Ga	sch's S	ons Fune	ral H	ome, P.	.A.	
	_		23a. Part1. Enter tha disease, or compi	icetions that caused	the death. Do n	1 4 7 3 9 ot anter the m	Balti	more Av	renue, Hy	attsv	ille, 1	Appro	20781 eximeta
	Dhualaian		23a. Part1. Enter tha disease, or compi shock, or haart failura. List only or	na causa on aach lin	a.		· · · · · · · · · · · · · · · · · · ·	9, 000				Interv	ei Between t and Deeth
	Physician /Medical		Immediate Cause (Final	1 2				400		10-			
1	Examiner		disaese or condition rasulting in deeth)	ARTERIOS	Schekol	IC CA	YFUDV	ASCUL	ar dise	ASE			
		- a		C	Due to (or es e c	onsequance o	of):						
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	and ai-tra	xar	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or injury		Dua to (or es e c	onsequença o	of):						
68760,	death certificeta be axecuted e attending physician and of for usa as the burial-transit		cause. Entar Undarlying Causa (Disease or injury	o							i		
87	phys the	Medical	that initiated avants rasulting in daath) Lest	C	oua to (or es a co	onsequance o	of);						
	bertifica ding pl			d							i		
Box	eath ce attendia for usa	Physician/											
o.		ysic	Part II. Other significant conditions con	ntributing to death bu	not resulting in	tha undarlying	g causa give	en in Pert I.	23b. Dld	tobacco u	ss contributs	to the ca	nuse of death?
Q	thet the led by th detechi								10	Yss 2	No 3□Pr	obably	4 Unknown
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Record	v requiras been sign should be	Completed								en autops omed?	8	avaliabla	
ec	25 5	ple	·									of daeth?	on of cause
E	0 - 6	PO.							1 🗆	Yes	No 1	Yas	2□ No
Vital	iclan: Th certificata rector, pa	9	25. Was casa referred to medical					26. Place of I	Death (Check only	ona)		-	
>	Physician: this certific ral director,	0 8	examinar?	lospitei:	t 2 ER/Out	petient 3	DOA Othe		./		□Othar (Spec	cify)	
o	a Ph	n.	27. Manner of Death	28e. Dete of fnjury (Month, Dey		me of	28c. Injury Work		28d. Describe			,,	
O	tending I leath. tor: After the funer	at le	1 Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Dey	raar) in	jury M		r ras 2 □ No					
Division	4 0 E	Certification:	3 ☐ Sulcide 6 ☐ Could not be	28a. Piaca of inju	ry - At home, fan	m, straat, fact	tory, offica				Number or Ru	ral Route	Number,
ă	aftar Dirac d in b	ert	4 ☐ Homicida detarmined	building, etc.	(Spacify)				City or To	wn, Stata)			
	Hospital 24 hours Funeral tely filled		29a. Certifier 1□ Certifying Phys	sfcfan: To the best of	my knowladge.	death occurre	ed at tha tim	a. date end pla	ice, and dua to the	cause(s) a	ind menner as	stated.	
	Hospital 24 hours Funeral iately filled	edical		ner: On the basis of a	examination and								use(s)
	To the Hospital or within 24 hours after To the Funeral Dir. complately filled in	Me	29b. Signature and title of certifier	nich	1	2	29c. Licanse	number		29d. Data	signed (Month	n, Day, Ye	ear)
	- SFO		Valleday	EM/No	MI	Ocho =	0	2 200	1				
1	10/11/1		20000000	eace	1141	VVIE	V	ってい		IN INCH	COT 11,	1-1	5
	101111	4	30. Nama and addrass of person who	mpleted cause of de		Type, Print)		0011/	f, cheva	d1 > -	1.1.0.		2 amer
7	1	1	MARIO TO GOLLE	JK M	3001	HO211	ITAL	KIVE	, CHEVE	LTA	MAKY	MUL	1 20185
	Sta	te	31. Data filed (Month, Day, Year)	32 Hagistra	's Signature								

	O Data of Death	
Certificate of Death	Reg. No. 98	9
State of Maryland / Department of Health and	Mental Hygiene	0

LANHAM If Under 24 H

Min.

Hours

Physician /Medical Examiner

ZACKERY HAROLD

CAMPBELL

Month Dey 10,1998

8. Date of Birth (Month, Dey, Year)

12-9-1946

3. Time of Death

9. Birthplece (State or Foreign

LANHAM, MD

4e Fecility Neme (If not Institution, give street end number) 8812 COURTLAND LANE

Deys

MARCH 4b. City, Town, or Location of Deeth

10:45 AM 4c. County of Deeth

PRINCE GEORGES

Funeral Director

ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Directo

Funeral

þ

Completed

Be

P

Examiner

Physician/Medical

à

Completed

Be

OH

Certification:

Medical ompletely

with the Marylend

death

2 should be filed within 72 hours after ond Mental Hygiene.
Is marked other than "natural", or ite

permit. Peges 1 and 2 st Depertment of Health end Important: If Nem 27 Is many Injury or other traun 200.

Physician

/Medical

Examiner

physician and s the burial-trans

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this funeral

After or Attending

after death.

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C pelli

Box 68760 certificate be

Records,

Division of Vital

Physician:

Hospital 24 hours

To the H within 24 To the F

Baltimore, Maryland 21215-0020

5. Sociel Security Number 219-46-7782 Usuel Residence of Decedent 10e. Stete 10b. County MD

1. Decedent's Name (First, Middle, Last)

10c. City, Town or Location PRINCE GEORGES

CAPITOL HEIGHTS

Months

10f. Zip Code

10d. Inside City Limits 1 XYes 2 □ No

10e. Street and Number

6958 WALKER MILL RD., #A-1

1**X**M 2□ F

20743

10g. Citizen of Whet Country? U.S.A.

11. Meritel Status

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever In U,S. Armed Forces? Yes 2 No 66 72 Year or Detes: 1972 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

14. Rece - American Indien. Bleck, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Etementery/Secondary (0-12)

Cottege (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12th

7. Age (In yrs. last birthdey)

51

Yrs.

TRUCK DRIVER

N/A

17. Fether's Neme (First, Middle, Last)

BERNARD

CAMPBELL

ALICE

BROWN

19e. Informent's Neme/Reletionship (Type, Print) CAMPBELL - WIFE

6958 WALKER MILL RD., #A-1 CAPITOL HEIGHTS

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip CoMD 20743

CHELTENHEM, MARYLANI

20e. Method of Disposition

HELEN

1X Burlel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 16-98 MD VETERANS CEMETERY

20c. Location - City or Town, Stete Dete 3

21. Signature of General Service License

22. Name end Address of Fecility TAYLOR'S FUNERAL HOME

1722 NORTH CAPITOL ST., NW WASH.DC 20001 Pent 1. Enter the disease, or complicet is that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one is seen each line. Approximete tntervel Between Onset end Deeth

18. Mother's Neme (First, Middle, Meiden Sumeme)

Immediate Ceuse (Final disease or condition resulting in deeth)

Atheroscleratic Cardiovascular Disease Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings sveilable prior to

Limited 1 X Yes 2 No

26. Place of Deeth (Check only one)

completion of cause of deeth? 12 Yes 2 No

25. Wes case referred to medical examiner? 1 Yes 2 No

5 Pending Investigation

6 Could not be determined

28e. Dete of Injury (Month, Day Year)

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Nother (Specify) 28d. Describe how Injury occurred

29a, Certifier (Check only one)

27. Manner of Deeth

1 Naturel

2 Accident

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner stated.

29b. Signature end title of certifier

29c. License number

OCME

29d. Dete signed (Month, Day, Year) MARCH 10, 1998

Location (Street and Number or Rural Route Number, City or Town, State)

MSN

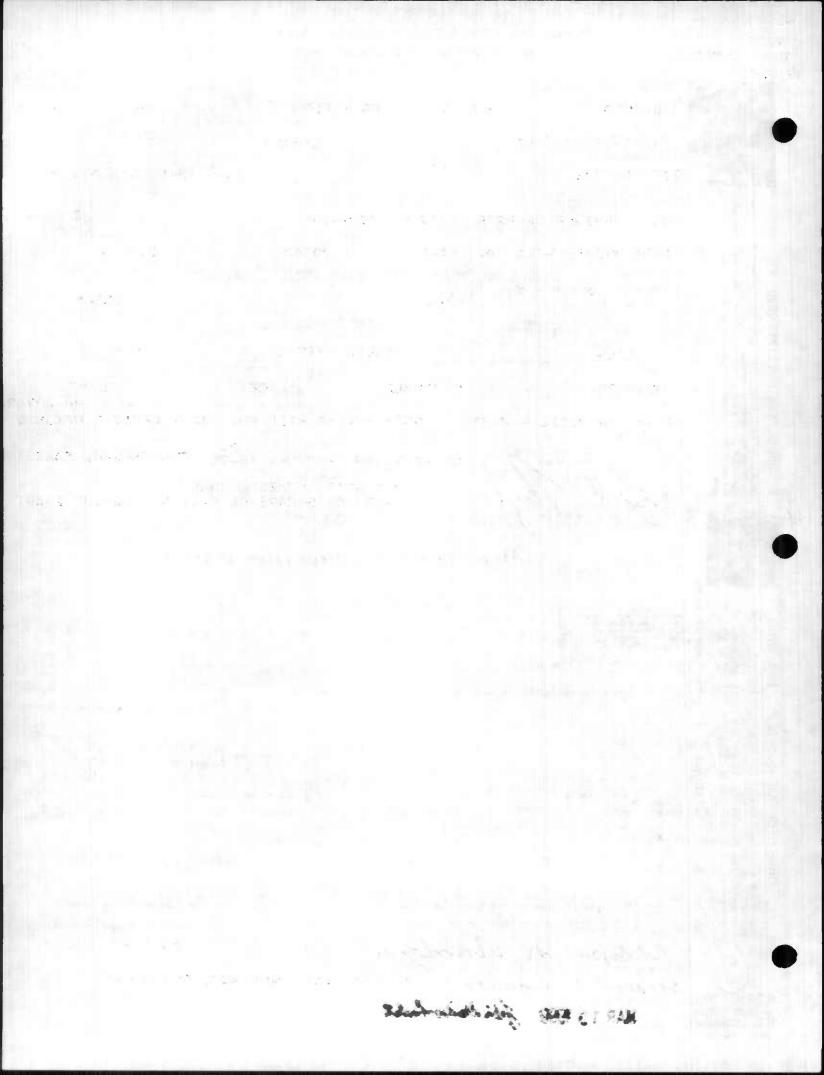
30. Name and address of person who completed cause of death (Item (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

Stephen S.
31. Dete filed (Month, Day, Year) Radentz

MAR 13 199

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) Month Day **Physician** March 5, 1998 Н. Carroll James /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) **Examiner** PENINSULA REGIONAL MEDICAL CENTER WICOMICO SALISBURY If Under 24 Hrs. Hours Min. Month, Dey, Year)
May 12,1945 6. Sex. If Under 1 Year Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Yrs. 54 Washington, D.C. Director 213-40-7568 Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 No Directo Maryland Worcester Ocean City 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner must be r 13209 Colonial Road 21842 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces?,
1 ☐ Yes 2 ☐ No ff Yes, Give Yeer or Detes; Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Security Guard Security 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) should be George Carroll Conlin Gertrude 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Marry 27 i Ellen M. Pino/Sister 1066 Papermill Ct., N. W. Washington, D. C. 20007 Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20a. Method of Disposition Pages 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 3/7/98 Metropolitan Crematory Alexandria, Virginia 4 □ Donation 5 □ Other (Specify) 22. Name end Address of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hand failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Final diseese or condition resulting in death) /Medical Examiner Due to (or es e consequence of): nucronodular circhoris Examine physician and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): certificate be exec 3 mas Box 68760. ractory ascites Physician/Medicai 88 980 signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 200 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were eutopsy findings available prior to 24e. Was an autopsy performed? Completed completion of cause of death? page 2 certificate hes 1 ☐ Yes 2 I No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient To 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) funeral 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury at Work? After or Attending 5 Pending efter death. Director: Aft 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours e 1 Certifying Phyelcfan: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical within 24 hor To the Fune completely fi (Check only one) the 29d. Dete signed (Month, Dey, Year) 29c. License number 0 Ku a. Koutenber D15857 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) DIVISION ST. SALISBURY JOHN A. ROUTENBER 31. Date filed (Month, Dey, Yeer) Registrar's Signature MAR 09 1998 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygierie

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** JOHN ROBERT COLBERT MARCH 8TH, 1998 1:53AM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1 X M 2 □ F Vrs Director 218-34-5723A 60 APRIL 30, 1937 MELLWOOD, MD. Usual Residence of Deceden tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-1 shot traumatic event, the Madical Examiner must be not that at 1 Yes 2 No MARYLAND PRINCE GEORGE'S Director UPPER MARLBORO 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 6301 DOWER VILLAGE LN. 20772 UNITED STATES Funeral permit. Pegas 1 and 2 should be filed within 72 hours effer deet Department of Heelth end Mantal Hygiena. Important: if item 27 is marked other there any injury or other transmission. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Btack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify: BLACK Š 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) P.G. COUNTY GOVERNMENT CUSTODIAN 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) JESSE COLBERT MARIE GREENE 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5309 MT. AIRY LN. UPPER MARLBORO, MARYLAND 20772 RICHARD COLBERT/ BROTHER 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State 3/13/98 CLINTON, MD. 4 ☐ Donation 5 ☐ Other (Specify) RESURRECTION CEMETERY of Funeral Service License 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE/FORESTVILLE, MARYLAND 20747 23a. Part 1. Enter the disease, of complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each tine. Approximate tnterval Between Onset and Death Physician SEPSIS /Medical immediate Ceuse (Finat NAYS disease or condition resulting in death) Examine Due to (or as a consequence of): Examiner SPIRATION PNEUMONIA physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) EREBRAL VASCULAR ACCIDENT P.O. Box 68760. Physician/Medical Due to (or as a consequenca of) KETOACIDOSIS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ dinknown 2 24b. Were autopsy findings available prior to completion of cause Completed 24a. Was an autopsy performed? RELATED DEMENTIA of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific. Be 25. Was case referred to medicat examiner? 26. Place of Deeth (Check only one) Hospitat: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atter within 24 hours after der To the Funeral Director complataly filled in by th 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 L'Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature agentifie of certifier 29c. License number 29d. Date signed (Month, Day, Year) D48290 HATCH 8, 1998 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) CÁRLOS E, COVARRUBIAS M.D. 8121 GEORGIA AVE #405 SILVER SPRING, MD 20910 32 Registrar's Signature 31. Date filed (Month, Day, Yeer)

Registrar

State

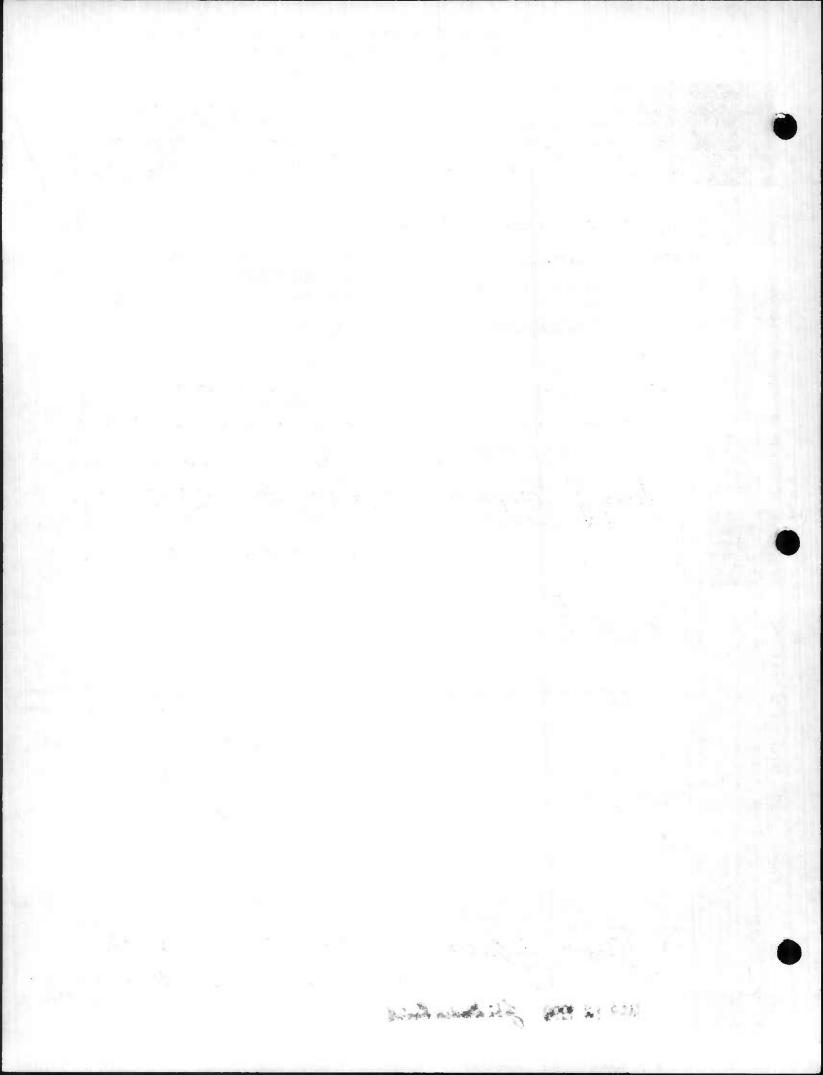
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State of Maryland / Department of Health and Mental Hygiene

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and and	2	15.	Decedent's Ed	ducetion		16a. Deced	dent's Usua	al Occupa	tion		16b. Kind of	Business/Indus	stry
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DHMH 16 Rev 6/95



V00001175777 06/04/31 or Print in Black Indelible Ink. Assure All Copies Are Legible. JACKSON, DAVID S CCU M/66 e of Maryland / Department of Health and Mental Hygiene M00114727 02/20/98 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month ELLER ON ALA 3:00 Am 22 Eb /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Howard Counte dunbia Howar General Hospital If Under 1 Year If Under 24 Hrs. 6. Date of Birth
Months Deys Hours Min. (Month, Day, Yea 5. Sociel Security Number 6 Sev 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 12 M 2□ F Yrs. Director 216-28-9823 66 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside Ctty Limits 28a-f ehow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 210 No Director Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 238 5267 Waterloo Road 21043 United States death Funerai Hems 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Btack, White, etc. be filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 1 Ryes 2 No If Yes, Give Year or Dates: unknown 21215-0020 6 1 Yes 2 No þ Specify: 3 Widowed 4 □ Divorcad "natural", White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bustness/Industry n end Mental Hygiene. Is marked other than Elementery/Secondary (0-12) College (1-4or 5+) 8 Mason Construction Baltimore, Maryland 17. Fether'a Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be permit. Pages 1 end 2 should be Department of Health end Mental Important: if Itam 27 is marked of any Injury or other traumatic evonce. Conrad Deller Virginia Robinson 19a. Informant's Name/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cindy Santmyer/Daughter 4926 Alice Avenue Ellicott City, Maryland 21043 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ₺ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2-25-98 Ellicott City, MD Good Shepherd Cemetery 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Harry H. Witzke's Family Funeral Home, Inc. The 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Hospital or Attending Physician: The law requires that the death certificete be executed 24 hours effer death.

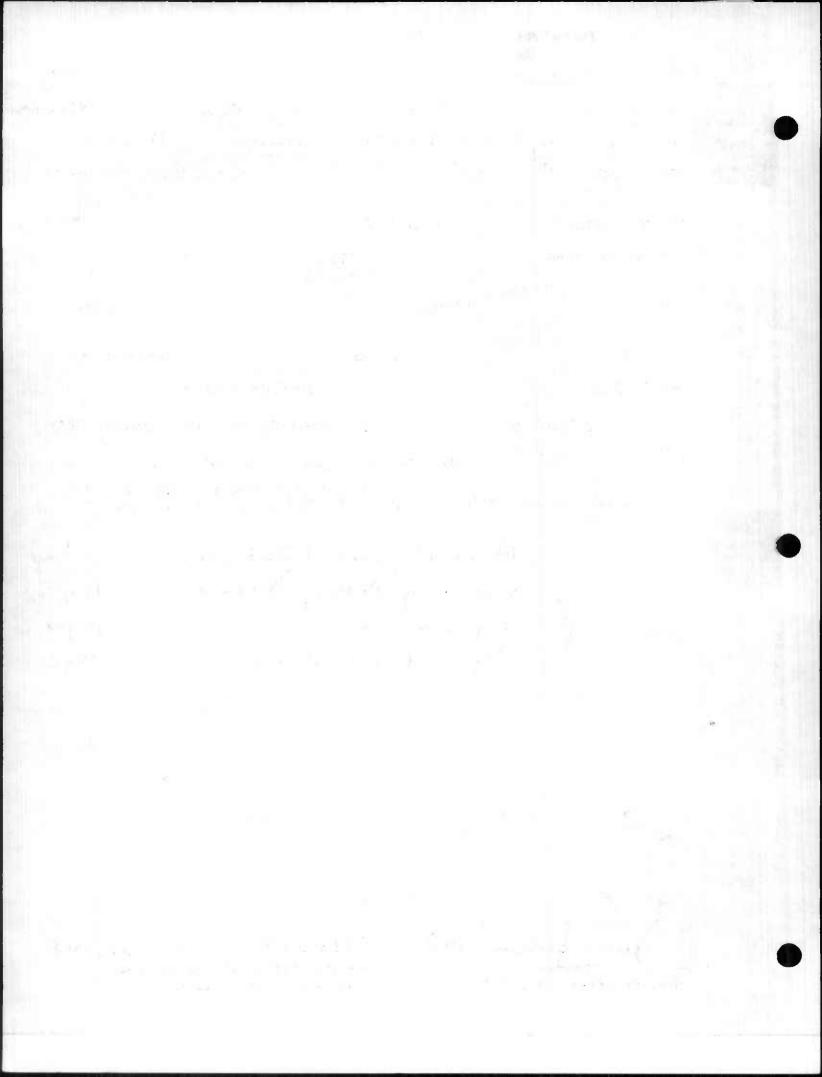
Funeral Director: After this certificate hes been signed by the ettending physician and Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Box 68760. ensi Physician/Medical Dobe to (or as a consequence of): been signed by the ette should be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 2 ANO 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) examiner? 1 ☐ Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nurstng Home 5 Residence 6 Other (Specify) 2 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. injury et Work? 28d. Describe how tniury occurred Naturat 5 Pending To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completely filled in by the ft 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Coutd not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide i Certifying Phystolan: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) D35217 Feb 22, 1998 DAV DAKKIN MY (Ulsabia, MD 21044) 6 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State Julia Davidson Reveall Registrar

DELLER, DONALD C

DHMH 16 Rev 6/95

IN



1. Decedent's Nama (First, Middle, Last) Month **Physician** DADE JOSEPH 98 08 03 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care Health Services Wheaton Montgomery 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) **Funeral** Days XXM 2 F 55 Yrs. Director 220-40-6550 05 - 06 - 42Maryland Usual Rasidence of Decedent with the Meryland 10b. County 10c. City, Town or Location ehow 7 is marked other than "natural", or items 23s or 28s-1 shor treumstic event, the Madical Examiner must be notified at Maryland Prince George's Ft. Washington Directo 10e. Street and Number 10f. Zlp Code 10g. Cltizen of What Country? 9516 Traverse Way permit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a any injury or other treumatic event, the Medical Examiner must once. 20744 Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black White atc. 1 ☐ Yas 2 ▼No If Yes, Give Yaar or Dates: 1 Nevar Married 20 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: p 3 □ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10th Truck Driver Private 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Arthur Leo Dade Margaret Whalen 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roberta Dade/Wife 9516 Traverse Way, Ft. Washington, Maryland 20744 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata N☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 3/16/98 Harmony Memorial Park Landover, Maryland 21. Signatura of Funaral Sarvice Licensee 22. Name and Addrass of Facility J. B. Jenkins Funeral Home harres of Downo 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) · CARDIORESPIRATORY ARREST Examine HEART DISEASE THEROSCLEROTIC pue Records, P.O. Box 68760.

buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last physician est the buriel Physician/Medical

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or Attending Physician: efter death. Director: After this certifica

Mospital 24 hours e Funeral E

To the Hosp within 24 hou To the Funer completely fil

Division of Vital

Dua to (or as a consequence of):

Part ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. NON INSULIN DEPENDENT DI ABETES MELLITUS. PERIPHERAL VASCULAR DISEASE

23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

3. Time of Death

Birthplaca (State or Foreign Country)

IISA

Black

10d. inside City Limits

No 2 No

10:50 PM

2 No 1 Yes 28. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical axaminer?

1 Yes 2 No 27. Manner of Death Natural

5 Pending investigation

6 Could not be

Hospital:

28a. Date of Injury (Month, Day Year) 28e. Pleca of injury - At home, farm, street, factory, office building, etc. (Specify)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifiar

2 Accident

3 Suicide

4 Homicide

Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end menner as stated.

| Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and piace, end due to the cause(s) and manner stated.

29b. Signature and titla of certifier traud 800 30 Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Holy Cross Center

29c. License number 0052563 29d. Date algned (Month, Day, Year) 39

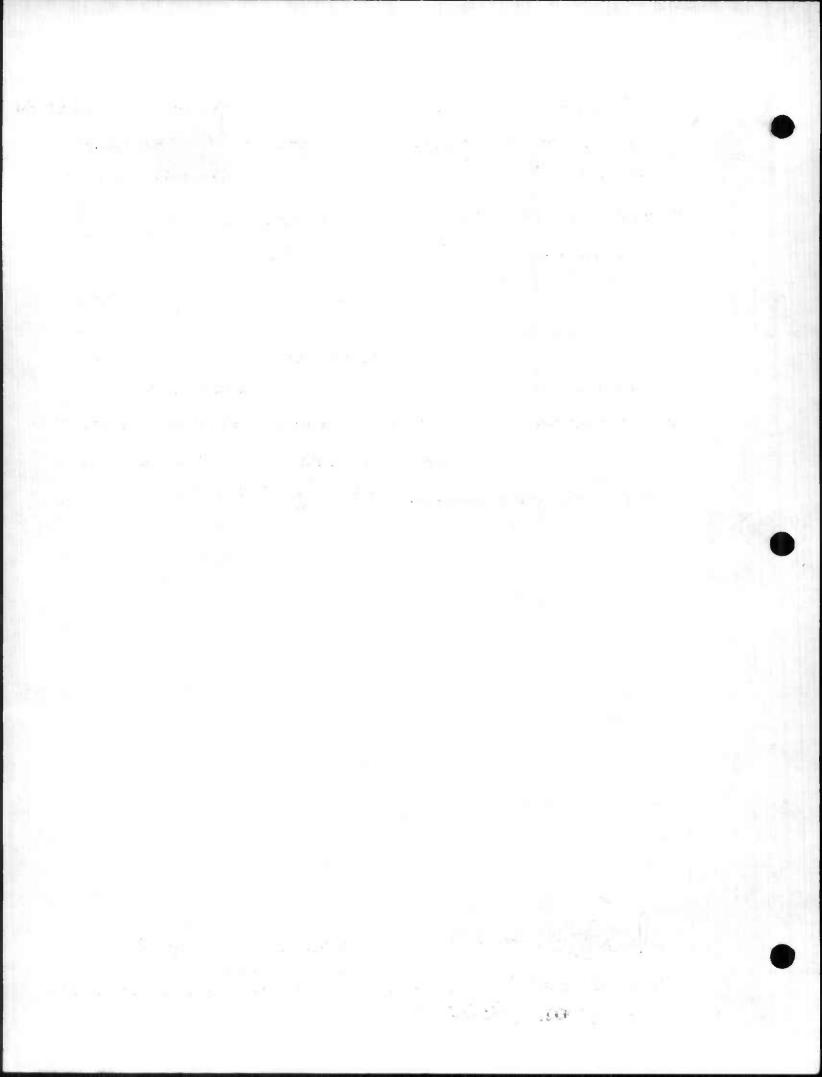
AWAN K. 31. Dete filed (Month, Day, Year) MAR 10 19

ARORA. MD. 1500 Forest Glen Road, Silver Spring, Maryland 20910 32 Registrar's Signature

Sal Dreschen Rodall

State

Registrar



State of Maryland / Department of Health and Mental Hygiene

Physici	an	anonas a sessi	st)					2. Date of D Month	Day	Yeer	3. Time of De	
/Medic		GEORGE G. DIGG				1		MARCH		7:5		
Examin	er	4e. Fecility Name (If not institution, give		•				or Location of Dea		4c. County of Death		
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26a-f show	tor	10e. State 10b. County MARYLAND PRINCE (CEODCE!C		Town or Location	P				10d. Inside City Lim 1 ☐ Yes 🐰		
28a	Director	10e. Street end Number	GEURGE S	пін	ATTSVILLI	Ci Zip Code			10g. Citizen of V	Whet Coun	trv?	
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within 72 hours effer death with the Maryland ens. Than "neturel", or items 23e or 28e-f show ha Medical Examiner must be notified at	ted	15. Decedent's Ed (Specify only highest gre	ducation	1	6e. Decedent's U (Give kind of	Isual Occup	petion	and in a	16b. Kind of B	usiness/Inc	dustry	
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and Mental Hygiena. Is marked other than aumatic event, the M	8	17. Fether's Neme (First, Middle, Last)					18. Mother's N	eme (First, Middle	, Maiden Sumen	ne)		
Men	10	ROBERT DIGGS					MATILI	A GALLOW	AY			
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om 27 ther tr		DELORES J. DIGGS	, WIFE				AVENUE,	HYATTSVI	LLE, MAI	RYLAN	D 20784	
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ant: I		4 □ Donetion 5 □ Other (Specify	y)		LINCOLN	CEMET	TERY	3/13/98	BRENTWO	DOD, 1	MARYLAN	
Department of Important: If any Injury or once.		21. Signature of Funeral Service Licen			22. Name	and Addre	ss of Fecility					
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ysiclan		shock, or heart lailure. List only	one cause on each li	line.		,		2			Interval Between Onset and Deg	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** MARCH DENNIS 1:50 AM ROBBIE LFE /Medicai 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner RESIDENCE - 7905 ASHDALE ROAD PRINCE GEORGE CAPITOL HEIGHTS If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. iest birthdey) 9. Birthplace (Stete or Foreign **Funeral** 1 M 2 X F Months Yrs 578-24-7285 86 COLUMBIA, SC Director 2-23-12 Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "netural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Experient must be notified at once. 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yes 2 No Directo MARYLAND PRINCE GEORGE CAPITOL HEIGHTS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20743 7905 ASHDALE ROAD U. S. A. Funeral 12. Wea Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (MNo If Yes, Give Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 🕱 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent'a Usuel Occupation (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) PRIVATE HOMES 12TH GRADE DOMESTIC WORKER 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be SUSTE SMITH HENRY DENNIS 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7905 ASHDALE ROAD CAPITOL HEIGHTS, MD 20743 ROBERT A. DENNIS 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) 3/13/98 LANDOVER. MD HARMONY MEMORIAL PARK 21. Signatche of Funeral Service License PINCKNEY-SPANGLER FUNERAL HOME 524 - 8TH ST., N. E. WASH., D. C. 20002 Part Enter the Issaes or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest shock, or heart favore. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medicai INAN ITION Immediate Cause (Final 6 MONTHS diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner DISEASE PKINSON S The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest STROKES, THROMBOTIC P.O. Box 68760, MULTIPLE Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wea an eutopsy performed? HYRRITENSION page 2 s 1 Yes 2 No 1 Yes 2 No certificate or Attending Physician: 25. Wes case referred to medical examiner?

1 Yes 2 No Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Day Year) 27. Menger of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 5 Pending investigation 1 Neturel after death. 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours a Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, and due to the ceuse(s) and manner as steted. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and menner steted. 29c. License number Do 6 58 4 MD 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

State Registrar

31. Date filed (Month, Dey, Yeer)

RICHARD

MAR 11 1990

30. Name end eddress of person who completed ca



of deeth (Item 23e) (Type, Print)

MARCH 9. 1998

20036

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** FLORENCE PERKINS DAGNER 8, 1998 8:32 am MARCH /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 8951 A TOWN CENTER CIRCLE #102 PRINCE GEORGE'S LARGO, MARYLAND If Under 1 Yaar If Under 24 Hrs. 8. Deta of Birth Months Deys Hours Min. (Month, Dey, Year) 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 9. Birthpleca (Steta or Foreign **Funeral** 1₽M 2□ F 75 Yrs 230-12-3013 Director JULY 8, 1922 RICHMOND, VA. Usual Residence of Decedent with the Marylend permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Marylen Depertment of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-1 show withing or other traumatic event, the Medical Exercises must be notified at once. 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits TYPES 2 No Directo MARYLAND PRINCE GEORGE'S LARGO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20772 USA 8951 A TOWN CENTER CIRCLE #102 Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 24 No If Yes, Give Year or Dates: 13. Wes Dacadent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, 11. Maritel Status Bleck, White, etc. 1 Never Married 2 Married 3altimore, Maryland 21215-0020 Specify: BLACK þ 3 ☐ Widowed 4 🕅 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind ot Business/Industry EDUCATION College (1-4or 5+) Elementery/Secondery (0-12) PRINCIPAL D.C. PUBLIC SCHOOLS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ARTHUR PERKINS IDA B. COLEMAN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1508 BAYTREE TERRACE MITCHELLVILLE, MD. 20721 KIM A. BODDIE / DAUGHTER 20b. Plece of Disposition (Neme of cemetary, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removel from Steta 4 ☐ Donation 5 ☐ Othar (Specify) CEDAR HILL CEMETERY 3/12/98 SUITLAND, MARYLAND 22. Nama and Address of Fecility ALEXANDER S. POPE FUNERAL HOME 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one ceusa on aach lina. 5538 MARLBORO PIKE FORESTVILLE, MARYLAND 20747 Approximete Intervel Between Onsat and Death Physician /Medical Immediate Ceuse (Finel disease or condition resulting in death) . Metastatic lung concer, squamous men the Examiner Examiner physician and the burial-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in deeth) Lest Due to (or es e consequenca ot): certificate be exec P.O. Box 68760 Physician/Medical Dua to (or es e consequenca ot): 80 esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? + hypertensive heart discuse 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were eutopsy tindings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy Drabets mellitus 1 Yes 2 No 1 Yes funeral director. 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Neturel deeth. 1 ☐ Yes 2 ☐ No 2 Accident efter deeth Director: 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 6 To the Hospital within 24 hours To the Funeral I Hospitai 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and dua to the ceuse(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29d. Deta signed (Month, Dey, Year) MARCH 10, 1998 D20362 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Belevest Pol Hyattsville MD 20782 6525 NORTON 31. Dete tiled (Month, Dey, Year) . Registrer's Signature State Lot Studen R

Registrar

MAR 11 1998

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98 1511-033 CMK ROBERT DAVIS

> Physician /Medical Examiner

Funeral Director

Please	Type or Pri							•		ble.		1-11
Items: 23 part I,27 p									a. No.	0	963	32
1. Decedent's Neme (First, Middle, La		0/20/	750 000	Timouto	0, 000	.,,	2. D	ete of Deeth			3. Tin	ne of Deeth
ROBERT FRANKL								lonth RCH 18	Day 8. 199	Year	02	43AM
4e Facility Neme (If not institution, giv					4b. City	, Town, or l	-		4c. County	_		# SAM
	in weathern and		П.Б									
PRINCE GEORGES H 5. Sociel Security Number 6. S			est birthday	if Under 1	Year If Un	/ERLY der 24 Hrs.	8. D	ate of Birth Month, Dey,	PRINC	9. Birt	hplece (St	lete or Foreign
240-88-7817 Usuel Residence of Decedent	XXM 2□ F	45	Yrs.	Months D	Deys Hou	rs Min.		rch 13,			oke Ra	pids,NC
10e. Stete 10b. County		10c. City	, Town or L	ocation							10d. Insi	de City Limits
District of Col	umbia		Wa	shingt	on						t)E)	Yes 2 □ No
10e. Street and Number				101. Zip Co				10	g. Citizen of \	Whet Co	untry?	
311 Division A	venue, N.	E.		20	019				United	d St	ates	
11. Meritel Status	12. Wes Decedent		S. 13.	Wes Deceden	t of Hispenic	Orlgin? (S	pecify Y	es or No-			rican Indie	en,
1 Never Married 2 Married	Armed Forces?			If Yes, specify			to Rican	, etc.)	Bled	ck, White	e, etc.	
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:			1□ Yes 20€	No Spe	city:			Specify		Black	
15. Decedent's Ed			16a. Dece	edent's Usuel C	Occupation			10	6b. Kind of B			
(Specify only highest gre Elementary/Secondary (0-12)	college (1-4or	5.4)	(Give	e kind of work of DO NOT use i	done during i retired)	nost of wor	rking					
12	College (1-40)	34)	Tı	cuck Dr	iver				Priv	vate		
17. Fether's Neme (First, Middle, Last,)				18. M	other's Nen	ne (Firs	t, Middle, M	eiden Suman	ne)		
Cornelius Day	is					Matt	ie	Garner				
19e. Informent's Neme/Relationship (Type, Print)		19b. Mei	ling Address (S	treet end Nu	mber or Ru	urel Rou	rte Number,	City or Town,	Stere, 2	Zip Code)	
Rhonda Davis -	Wife		800	Southe	rn Ave	enue,	S.	E., #1	L027, Wa	ashi	ngtor	1,D.C.
20e. Method of Disposition		0	lece of Disp	osition (Neme emetory or othe	of or place)	3	/2 De		0c. Location -	City or	Town, Sta	te
1 Buriei 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specif				Nation		7.	/26/	90	Trian	aln	VA	
21. Signeture of Funerel Service Licer		200	2	2. Name end A	Address of F	ecility	*			910		
1000 T 2	A A	TIT		STEWART								
23a. Int 1. Enter the disease, or com	eway.	d the death	Do not or	4001 Be						on,	D.C.	dmoto
hock, or heart feilure. List only	one cause on each li	ine.	i. Do riot er	iter the mode c	i uying, suci	r es cardiec	COLLES	piretory erres	51,		Interve	end Deeth
Immediate Cause (Finel												
disease or condition resulting in deeth)	e. CARDIAC ARRHYTHMIA											
	Due to (or es a consequence of):											
	b. MTOCARDIA	IL FIBE	80212							-		
Sequentially list conditions, if eny, leading to immediate		Due to (or	r es e conse	equence of):						1		
cause. Enter UnderlyIng Ceuse (Disease or Injury	c									i		
that initieted events resulting in death) Lest		Due to (or	es a conse	quence of):						i		
	d											
Pert II. Other significant conditions of	contributing to death b	out not resu	ulting in the	underlying caus	se given in P	ert I.		23b. Did tob	acco use co	ntribute	to the ca	use of death?
								1 Ye	s 2□No	3 🗆 P	robably	4 Unknown
							-	24e. Wes en	autoney	24b.	Were euto	opsy findings
								perform	ed?		evellable p	prior to n of cause
								1 Yes	s 2 No		1 Yes	2 No
25. Wes case referred to medical exeminer?					26. F	lace of Dec	eth (Che	eck only one)	-	- 1	
1 X Yes 2 No	Hospitel: 1 ☐ Inpatio	ent 25	ER/Outpetle	ent 3 DOA	Other: 4 [Nursing H	fome	5 🗆 Resider	nce 8 Oth	ner (Spe	city)	
27. Menner of Deeth 1XXNaturel 5 ☐ Pending	28e. Dete of Inju (Month, Da	ry y Year)	28b. Time Injury	of 28c	Injury at Work?		28d. I	Describe how	w Injury occur	rred		
2 Accident Investigation	n			М	1 ☐ Yes	2 □ No						
3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	286. Place of in	28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify)						ocation (Stre City or Town,	eet and Numi State)	ber or R	ural Route	Number,

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted.

29c. License number

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Dey, Year)

MARCH 18, 1998

Physician /Medical

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mentel hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

To Be Completed by Funeral Director

Examiner

Medical Certification: To Be Completed by Physician/Medical Examiner

within 24 hours aftar death.

To the Funeral Director: After this certificate has been signed by the attending physician and complataly filled in by the funeral director, page 2 should be datached for usa as the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760,

> State Registrar

THOUSONE Miken 31. Date filed (Month, Day, Year)
MAR 2 0 1998

29b. Signeture end title of certifier

29a. Certifier (Check only one)

32. Registrer's Signeture

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedeni's Neme (First, Middle, Last) 2. Deta of Deeth Edward Virgil **Physician** Month D2V15, Sr. : 10 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner Atlantic General Hospital Worcester Berlin 5. Social Sacurity Number If Under 1 Year If Undar 24 Hrs. 6 Sex 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) XXM 2□ F Deys Yrs. 214-32-5643 MD Usuel Residence of Decedan 10e Slete 10b County 10c. City, Town or Location 10d. Inside City Limits Director MD No 2 □ No Worcester Berlin 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 9017 Old Ocean City RD USA Funeral 21811 12. Wes Decedenl Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indien, Black, White, etc. 11 Maritel Status 1X Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Marriad 1 ☐ Yas 2 No Specify: ò Specify: 3 Widowed 4 Divorcad white Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Trainer & Driver Race Horses 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Virgil Edward Davis Lana Cooper 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lula Davis/ Wife 9017 Old Ocean City RD Berlin, MD 21811 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) Date 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/19/98 Willards, MD New Hope Cemetery 5 Other (Specify) 22. Name end Address of Facility vice License Burbage Funeral Home Berlin, MD 21811 108 William St. complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory errest, only one cause on cach line. Approximete Interval Between Onsel and Death Immediata Ceuse (Finel 12/4298 diseese or condition resulting in deeth) De to (or es e consequenca of): Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Ves 2□ No 3 Probably 4 Unknown Ducumonia 24b. Were eutopsy findings available prior to 24a. Wes en eutopsy complation of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpalient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

The law requires that the death certificate be executed ettending physician a for use es the burial-Box 68760. P.O. F signed by the a Records, peen page 2 s certificate Division of Vital

Funeral

Director

28a-f show

the Medical Examiner must be notified at

"natural", or items 23s or

marked other

Department of Health and Mental Introportant: If New 27 is marked of

Physician /Medical

Examiner

8

Maryland

altimore,

Examiner Physician/Medical Be Completed by edical Certification: To

29e. Certifier

Robert

MAR 1

31. Dele filed (Month, Day, Year)

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica tiely filled in by the funeral director, p within 24 hours af To the Funeral Di completely filled is the

10+1

State Registrar

29b. Signature and little of certifler

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated.

Dhysicia-

30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) 9733 HeriThury 32. Registrar's Signeture

30/12

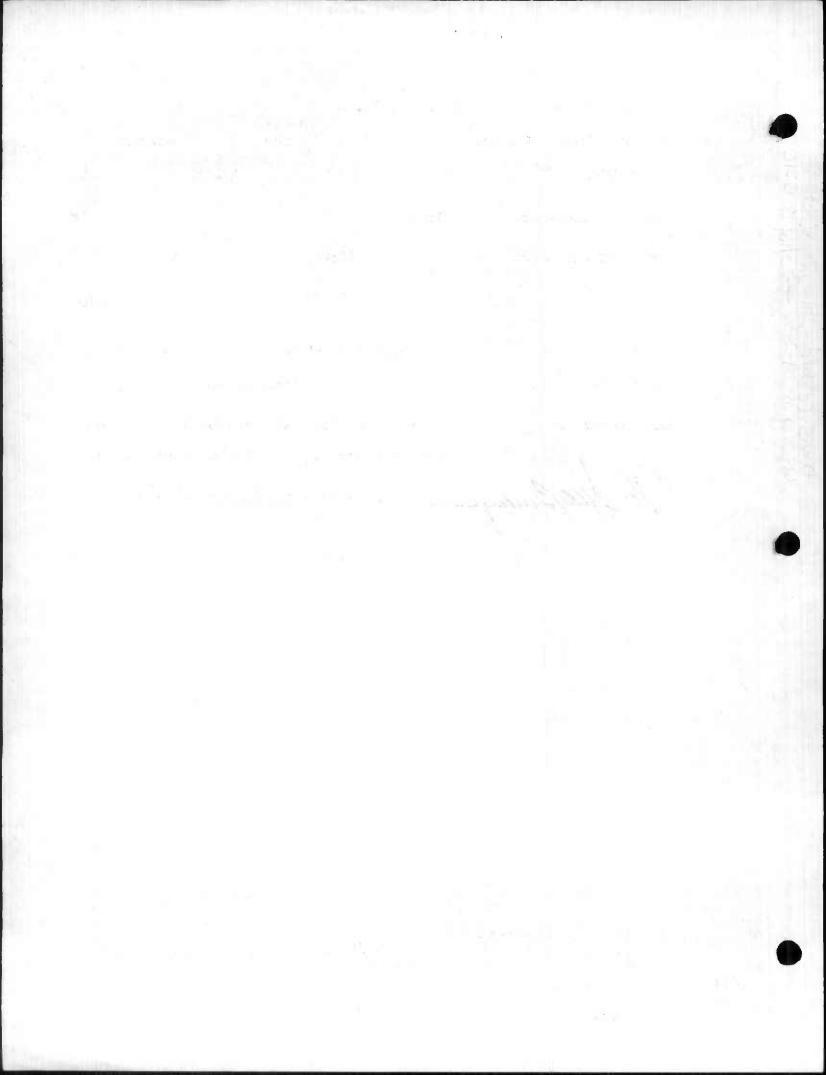
29c. License number

2/811

29d. Date signed (Month, Dey, Year)

I Lika Savidson-Randelle

DHMH 16 Rev 6/95



					Certific	cate of	Death		Reg. No.		634	
Physic	ian	Decedent's Neme (First, Middle, T 3 NT C						2. Dete of E Month	Dev	Year	3. Time of Deeth 5:30 an	
/Medi		JAMES 4a. Facility Neme (If not Institution,	FORD JR.				4b. City. Tow	Marc n, or Location of Dec		-		
Examii	ner	St. Thomas Mo		Faci	litv			tsville	sville Prince Geo:			
Funeral		-	. Sex 7. Age	(In yrs. last bii	thday) If U	nder 1 Year	If Under 2					
Director		247-42-5948 ND M 2DF 78 Yrs. Months Days Hours							19,191	9 Count	sce (State or Foreig S.C.	
3		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Location					10	Od. Inside City Limits	
f show	ō	Md. Princ	e Georges	Нуа	ttsvi	lle				10d. Inside City Limit		
a or 28a-f show	rec	10e. Street and Number			10	. Zip Code			10g. Citizen of V	Vhat Count	try?	
23a o unt be	Funeral Director	4922 LaSalle	Road			2	0782		U.	S.A.		
Nems 3	ner	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Wes D	ecedent of	Hispenic Origi	n? (Specify Yes or f Puerto Rican, etc.)	lo- 14. Rac	e - America		
or ib	E	1 Never Married 2 Merrie		0	1	s 2X No		derio i licali, etc.)			ack	
ural',	d by	3 ☐ Widowed 4 □ Divorcad	Year or Dates:									
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the M	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5-	+)			Masor		Cons	nstruction		
other,	Be C	17. Fether'a Neme (First, Middle, Li	st)				18. Mother's Name (First, Middle,				1 74 1	
Menta arkad artic ev	TOE	James F	ord Sr.				Fannie Walt					
and is me		19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town,								State, Zip Code)		
m 27 her tr		Sandra Jeffe	rs Daught				N.E.Wa				-11200cc	
if of H or off		20a, Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3		20b. Plece o cemete	ry, cremetory	or other ple	ece)	Dete m Mar 6	Suit1			
Separtmen mportant any injury ance.		21. Signature of Funerei Service Licensee The Burner of Funerei Service Licensee 22. Neme and Address of Fecility Hunt Funeral H 1420 34th St.S.E. Wash.D.C.20									iia.	
Depa impo any i												
7/ 1		23a Perti. Enter the disease or o	molications that caused	the death Do						0020		
ysician		23a. Pert1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart feilure. List only one cause on each line.									Approximate intarvai Between Onset end Death	
Medical	Ш	Immediate Cause (Finel disease or condition	ATHO	ROSCO	n pisa	ALC						
xaminer		resulting in deeth)	Due to (or es e consequence of):									
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and I-fransit	хаш	Sequentieily ilst conditions, if eny, leeding to immediate		Due to (or as e consequence of):								
physician s s the buriel	ᄪ	cause. Enter Underlying Cause (Disease or Injury	c									
s the) De	that initieted events resulting in death) Last	C	Due to (or as a	consequence	of):				i		
attending pl	M		d									
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5.8	b	DEMERTIN										
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or death. ector: After by the fune	fle	3 ☐ Sulcide 6 ☐ Could not determin	286. Pieca of inju	ry - At home, fe	orm, atreet, fe	ctory, office)	28f. Location	(Street and Numb	er or Rura	Route Number,	
within 24 hours efter death To the Funeral Director:, completely filled in by the	Certification:	TO TOURS	building, etc.	(эрвспу)				City of 1	own, states			
unera unera	edical		Physician: To the best of aminer: On the basis of									
the F		one)	end manner stel		- or investigi			Coouniou at the till				
P . F	2	29b. Signature end title of certifier				29c Licen	se number		29d. Date signe	d (Month, I	lay Voer	

29c, License number 042936 10

29d. Date signed (Month, Day, Year) March 5, 1998

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

1328 SOUTHERN AVENUE SUITE 307

S. E. WASITAMGION

State Registrar

31. Dete filed (Month, Day, Yeer)
MAR 1 0 1999



MAR 10 1999 Michael March

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Fobes B. 3 4a. Feclity Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Worcester Berlin Atlantic General Hospital If Undar 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthpieca (State or Foraign Months Deys 1**K**) M 2□ F Rhode Island 215-42-8113 54 Yrs. 02/03/44 Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Ocean City Md. Worcester 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1202 Baltimore Ave. 21842 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece - Amarican Indien, Armed Forces r
1 Types 2 No
If Yes, Giva Nat
Yeer or Detas: Guard Bleck, White, etc. 1 Navar Married 2 Married Nat"1 1 Yas 2 X No Specify: 3 ☐ Widowed 4 ☑ Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Food Service 12 sales 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Elizabeth Manning Malcolm R. Fobes 19a. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sally Fobes, former wife 6708 Sherwood Rd., Baltimore, Md. 21239 20b. Piece of Disposition (Name of cematery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Steta Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Steta 3/16 Salisbury, Md. 4 ☐ Donation 5 ☐ Other (Specify) Salisbury Crematory 21. Signeture of Funerel Service Licenses 22. Nema end Addrass of Facility Snow Hill, P.O.B.87 Dennis Funeral Home, Snow Hill, Md. 21863 al S. Dennis 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Intervei Between Onset and Death tmmediate Cause (Final diseasa or condition resulting in death) day Due to (or es e consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): thet initieted events resulting in deeth) Lest Due to (or as a consequence of): Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performad? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical axeminer? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ₺ No 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 1 PNaturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, offica bullding, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

/Medical Examiner The law requires that the death certificate be executed Box 68760. Attending Physician: the Funeral Birec. ò To the Hosp within 24 ho To the Fune completely fi

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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Funeral

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Physician/Medical Examiner

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Certification:

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7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Medical Examinar must be notined at

"natural", or

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Department of health and Mental Hermontant: If then 27 is meany injury or other.

Physician

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Baltimore, Maryland 21215-0020

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34 State Registrar

Robert 31. Dete filed (Month, Day, Year)

29b. Signatura and titla of certifier

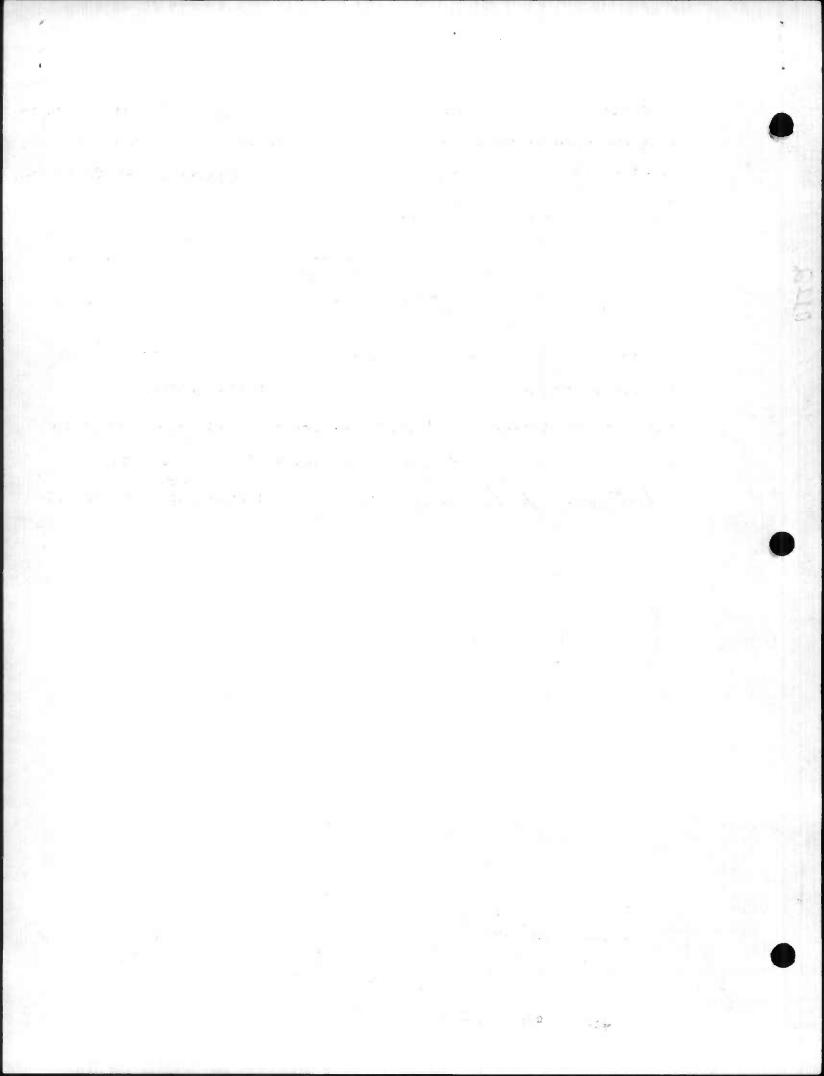
9737 Herlthans

DAY SICIZN 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

DUNKIN

32. Registrer's Signeture I Julia Davidson Randsel

DHMH 16 Rav 6/95



1998

3. TIME OF DEATN

REG. NO.

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	WSICI
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

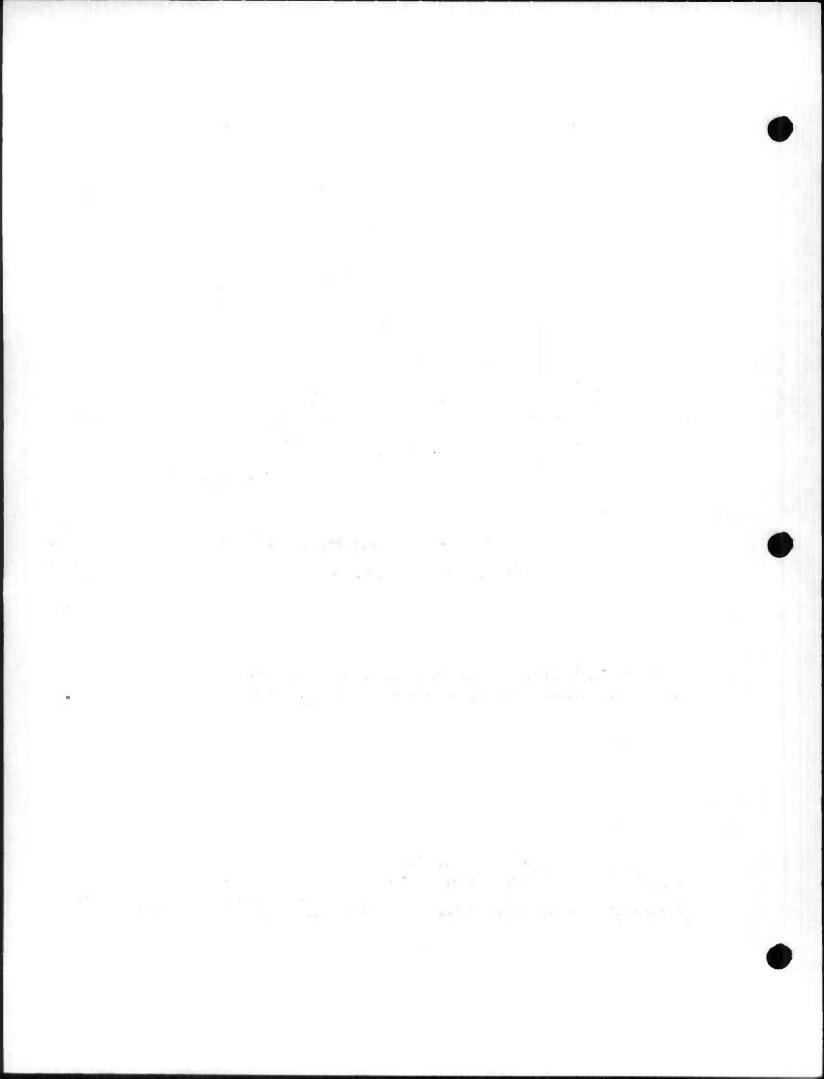
March Margaret Gallo 10:45 Di 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Sept. 12, 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign Italy DAYS HOURS 1 M 2 XF 160-22-5116 94 190B permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Sacred Heart Home, Inc. Prince Georges Hyattsville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Prince Georges Maryland Hyattsville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 5805 Queen Chapel Road 20782 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexicen, Puario Ricen, atc.)
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Merried Specify 3 Widowed 4 Divorced BY White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Flementery/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home funeral director, page 5 should be detached notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) John Baptist Cosner Minnie Zuliana 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Gallo Horn/daughter 9 Blue Jay Court, Middletown, New Jersey 07748 9 20e. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 1 Buriet 2 Cremetion 3 X Removal from State
4 Donation 5 Other (Specify) Mount Calvary Cemetery 3/10 California, Pennsylvania examiner 21. SIGNATURE OF FUNERAL SERVICE LICESHIP 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one ceuse on each line. in by Approximate Intervel Between 6 filled **Onset and Death** IMMEDIATE CAUSE (Finel cremation, the disease or condition Gerebrovascular Accident reaulting in death) traumatic event. Many and com o bunal, years CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE prior to the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.

Multi-Infarct Dementia, Sick Sinus Syndrome 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE Signed I Health a 1 TYES 2 TNO OF OEATH? with Pacemaker, Old Hip Fracture, Osteo porosis. 1 YES 2 NO L. of F. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO VINCERTAIN I has bee Dept. o PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item certificate I EXAMINER? HOSPITAL: OTHER:
4 Aursing Home 5 Realdence 6 Other (Specify) 1 | inpetient 2 | ER/Outpetient 3 | DOA 0 the 27, MANNER OF OEATN 26a. OATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this ct marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY After I 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) DIRECTOR: Aft hours after de: item 28 is n 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, Clbs or Youn, State) 6 Could not be determined COMPLETED 4 Homicide hours Item 29e. CERTIFIER

//Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) end manner es stated THE FUNERAL D filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner es stated. 29d. DATE SIGNED (Monthy Day, Year) Corering 29c. LICENSE NUMBER 131001 Physician 3/7/98 OF PERSON WAS COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) 7500 Greenway Cate. Dr. Kewi 12 Greenbelt, V 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson Bandin MAR 09 1998 DHMN-16 Rev 1/89

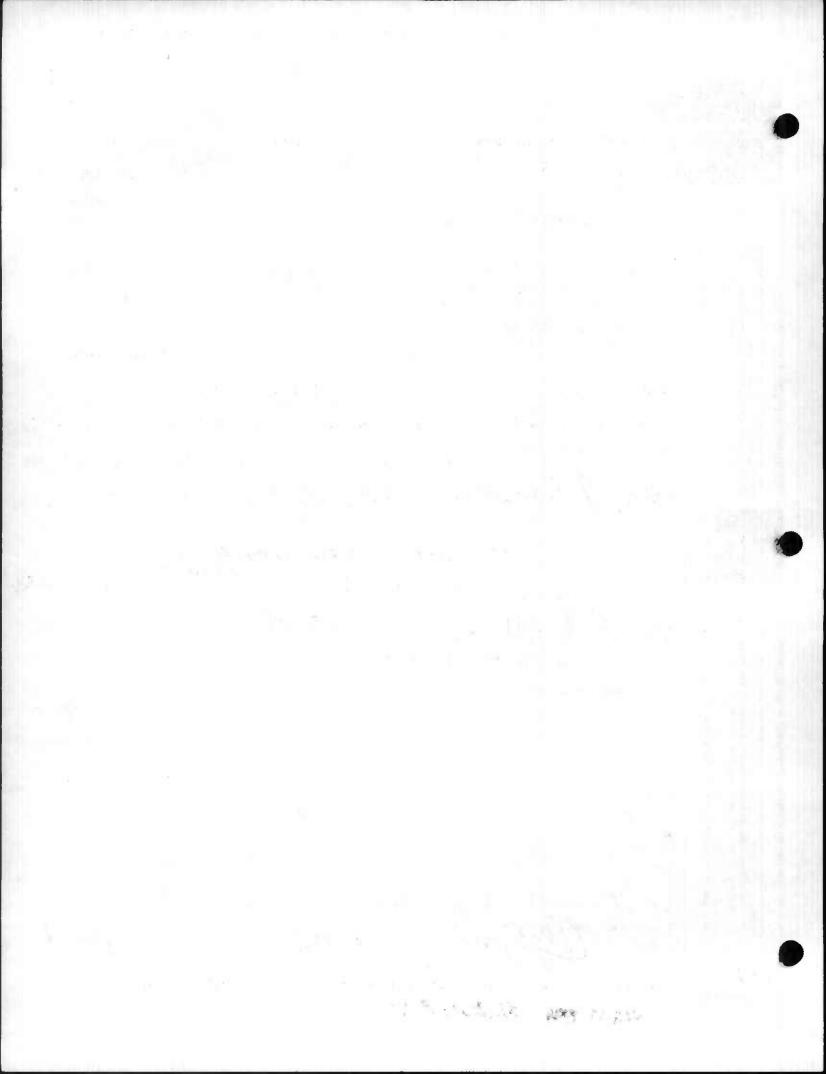
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death			Reg. No.	0 (10001
	Dharata		1. Decedant's Nama (First, Middle	e, Last)							2. Date of Das		Wasa	3. Time of Death
	Physic /Medi		Michael Geo	rge							Month March	Day Yaar 10, 1998		7:00 a.m.
В.	Exami		4a. Facility Nama (If not institution	, give street and r	number)				4b. City, To	wn, or L	ocation of Death		unty of Deatl	n
4			Larkin Chase	Nursing	Home				Bowie Prince Geo					orge's
•	Funerai	П	5. Social Sacurity Number	6. Sax		rs. lest birthday,			If Under		8. Data of Birt (Month, Day			
	Director		131-16-4022	1∭ M 2□ F	73	Yrs.	Months	Days	Hours	Min.	Dec. 5,	192/	Per	hplace (State or Foreign untry) nnsylvania
	T)		Usual Rasidance of Decedant		, , ,		-				Dec. 3,	1767	101	moyivania
	show		10a. State 10b. County		10c.	City, Town or L	ocation							10d. Inside City Limits
	the Menyla 28a-f shorn	ğ	New Jersey Son	nerset	9	Somerset							1 X Yas 2 □ No	
	the M	9	10e. Street and Number			Ollistoct	10f. Zip (Coda				10a Citizen	of What Co	unin/?
	death with the Meryland ms 23e or 28e-f show r mat be notified at	Funeral Director	10 Nonfall Dea					887	7.2					anny ,
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		L L	1 Never Married 2 Marri	Armed	Forcas?	10,5.	If Yas, speci	ify Cub	oan, Maxica	n, Puerto	ecify Yas or No- Rican, atc.)	14.	Biack, White	
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5-0020		B		Year or	Datas: WW]	1	4					121 10		
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2121	should be filed within nd Mental Hygiene. merked other then ", imatic event, me Mer	d m	Elemantary/Secondary (0-12)	Collaga	(1-4or 5+)			e retire	9a)			71		T 1
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Maryland	2 6 6 5		19e. Informant's Neme/Raiationship (Type, Print) 19b. Malting Address (Street and Number or Fig. 19b. Malting Address (Street						er or Ru	re <i>i Rou</i> te Numbe	r, City or To	wn, State, Z	ip Code)	
	1 end Health em 27		Rebecca Spohn	Rebecca Spohn - Daughter 614 Ellsworth D						e, S	Silver S	pring	, Mary	land 20603
ore	Of He		20a. Method of Disposition		20b	. Place of Dispo	osition (Nemi	e of her pla	ice)	1	Data	20c. Locati	on - City or	Town, Stata
Baltimore,	permit. Page Department of Important: If any injury or once.		1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sc		n Stata	aint Ma:				1	2/13/08	Hano	vor E	ennsylvania
E E	orta		21. Signature of Funeral Servica I	icensee			2. Nama and			tv	7/13/30	Hallo	ver, r	emisyrvania
ä	Departimon any ir		Alaman //	Than.	MAN	F	rancis	Ga	asch's	Sor	s Funer	al Ho	me, P.	Α.
			money y.	1 wing		4	739 Ba	lti	imore	Aver	nue, Hya	ttsvi	11e, M	
			23a. Part1. Enter the disease, or shock, or heart failure. List of	complications that only one cause or	reaused tha da reach lina.	ath. Do nof an	tar tha moda	of dy	ing, such as	cardiac	or respiratory ar	rast,	1	Approximate Interval Between
ı.	Physician												i	Onsef and Death
7	/Medical Examiner		Immediate Cause (Final disease or condition	EN	D	STAG	à c	CŦ	ARCI	NI	MA	OF		
	LAdiminei		rasuiting in deeth)	a		(or as a conse	quence of):				COL	0 N.		
	D #	ne ne		- W	ETF	STA	1129	ς.			01			>2-mont
	certificate be executed iding physician end ise es the buriel-transit	Examiner	Sequentieily list conditions,			(or as a consac	2		_					
0,	lan e	le l	Sequentielly list conditions, if any, leading to immediate cause. Entar Underfying Causa (Disease or injury							PS	in		i	
68760,	hysic hysic	Medical	thet initiated events rasulting in death) Lest Dua (or as a consequence of):								7			
	ding p	Z	CACHEXIA.										1	
XO	eath cert ettendin for use			d	1101	ICVI								
Ö	the etten	lole	Part II. Other significant condition	ns contributing to	death but not re	asulting in the u	ında <i>t</i> iving ça	use ni	van in Part I		23h Did to	nhacen use	contribute	to the cause of death?
Ö	5 6	Physician				rouning in the undarrying sause gir			VOIT WIT COLL			23b. Did tobacco use contribute to the ca		
٦,	es the	by P									101	es Zun	10 3 P	obably 4 Kulnknown
Records,	requires een sign hould be										24a. Was a	n autoney	24b. V	Vara autopsy findings
Ö	- D 0	Completed									perfor		8	valtable prior to completion of cause
šec	N S CA	du											0	f daath?
	는 물론	S									1□Y	es 200N	0 1	☐ Yes 2☐ No
Vital	ilclan: The certificate rector, pag	Be	25. Was casa rafarrad to medical axaminar?						26. Place	of Daat	th (Check only or	ne)		
of	Physician: this certific ral director,	2	1 ☐ Yas 2 No	Hospitei:	Inpatiant 2	☐ ER/Outpatie	nt 3 DOA	A Ot	her: 4 Nu	irsing Ho	ma 5 Resid	ence 6 🗆	Othar (Spec	ify)
2		:uc	27. Mannar of Deeth 1 Seleturat 5 ☐ Pending		a of Injury onth, Day Year)	28b. Tima o Injury	f 28	c. Inju Wo	ry at		28d. Dascribe h	ow injury oc	curred	
<u>Ö</u>	Attending at death. ector: Affei by the fune	atle	a ☐ Accidant investig	ation	, , , , , , , , ,	,,	M		Yas 2	No				
Division	Atte	tiffe	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homlcide datarmi	ned Zoa. Plat	e of Injury - At	home, ferm, str	raat, factory,	offica					umber or Ru	ral Route Number,
	s eft or	Certification:	4 LI Homologo	Dull	ding, etc. (Spe	СПУ)					City or Tow	n, Siate)		
	Hospital 24 hours Funeral itely filled		29a. Cartifiar Certifying	Physician: To th	e best of my kr	nowledga, deat	h occurred at	t the ti	ma, data an	d ptace,	and dua to tha c	ausa(s) and	i mennar as	stated.
	P Ho Fu Petel	edical	(Check only a Madical E	xaminer: On tha	basis of examination of the control	nation and/or in	vastigation, l	In my	opinion, daa	th occur	red et tha tima, c	lata and pia	ce, and dua	to tha causa(s)
	To the Hospital or Attend within 24 hours efter death To the Funeral Director: completely filled in by the	Me	29b. Signatura and fitie of cartiful	Mag			29c.	Licans	se numbar			29d. Data si	gned (Month	, Day, Year)
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	(10)		20 Name and did in	/ /					- 70	4		5	11	0
	12/		30. Name and eddrass of person v										0716	7
	-		Sankineri Rao, 31. Data filed (Month, Dey, Year)					Koa	ad, Bo	wie,	Maryla	nd 2	0716	
	Sta Registi			100	navistars 50	neture	Z							
	negisti	uı	MAR 11 R	199	A	American State Committee	•							

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Items: 23a part I, 27, 28a-f per MEO G-757 3/31/98 dh Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** ELIZABETH GRAY KAREN 08, 1998 MARCH 3:15 P /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 4319 LEVERETT ST. PRINCE GEORGES OXON HILL if Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Birthplece (State or Foreign Country) Deys 1 ☐ M 2 🖾 F Months Yrs. Director November 18,1962 Washington, DC 213 84 4612 35 Usual Residence of Decedent deeth with the Marylend 10b. County 10c. City. Town or Location Show 10d. Inside City Limits r than "natural", or items 23a or 28a-f shorting Medical Examiner must be notified at 1 Yes 2 No Director Maryland Prince Georges Oxon Hill 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5319 Leverett Street 20745 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. e filed within 72 hours after all Hygiene. Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK by 3 Widowed 4 □ Divorced Year or Detes Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Mail Clerk Government Baltimore, Maryland permit. Peges 1 end 2 should be file Department of Health and Mentel Hy Important: If Nem 27 is marked oth any linury or other traumatic event once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Maurice Gray Bernice Thornton 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Hilton Lynch Cousin 1005 Balsam Tree Drive Capitol Heights, MD 20743 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 3 - 16Alexandria, Virginia 21. Signeture of Funerel Service Licenson 22. Name end Address of Fecility MARSHALL'S FUNERAL HOME OF MD 4308 SUITLAND ROAD SUITLAND, MD 20746 Briscol 10THE 23e. Pert1. Enter the disease, a complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) COCAINE INTOXICATION COMPLICATED BY ACUTE HEAD INJURY Examiner Due to (or es e consequence of): Examiner physician end s the buriel-trensit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): 98 50 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records. should be d þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? page 2 s ty Yes 2 □ No 12 Yes 2 No Division of Vital Attanding Physician: director. 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Nacsidence 6 Other (Specify) 10 11X Yes 2□ No funeral 27. Manner of Deeth Certification: 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? P After 5 Pending investigation 1 Netural efter death. found: 12:55M 1 ☐ Yes 2XXNo 2 Accident found:3/15/98 unknown 6 KXCould not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 5319 Leverett Street, filled in by 4 Homicide ò found: residence 24 hours Oxon Hill, Maryland Hospital edicai Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) and menner es steted.

CMedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner stated. 29a. Certifie within 24 ho To the Funa completely f (Check only one) ŝ 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

State Registrar

31. Date filed (Month, Dey, Year)

MAR 17 1998

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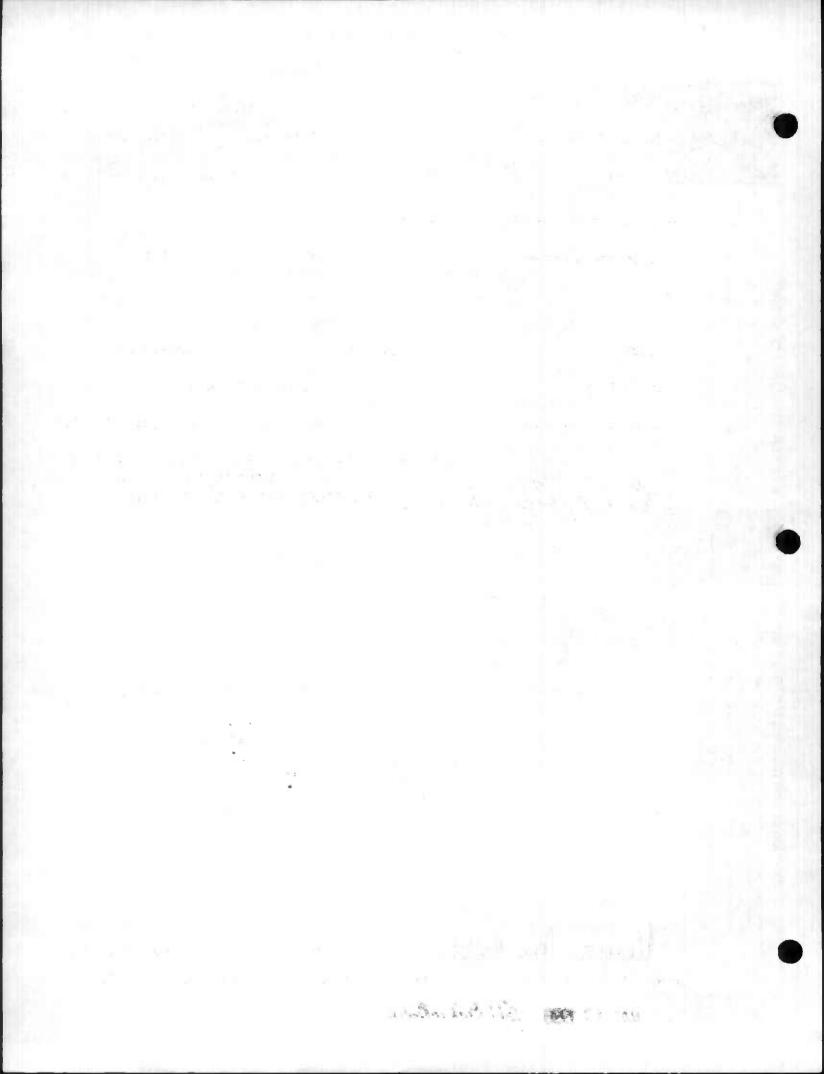
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)



OCME

111 Penn Street, Baltimore, Maryland 21201

MARCH 16, 1998



State of Maryland / Department of Health and Mental Hygiene Q 9

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month **MARTHA** L. HARMON March 10, 1998 8:50am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 17112 MUDDY BRANCH ROAD, #300 GAITHERSBURG MONTGOMERY If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2 K F Davs 96 Yrs. Director N/A 1-27-1902 LIBERIA Usual Residence of Decedent filed within 72 hours after deeth with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show Director 1 Yes 2 □ No MONTGOMERY GAITHERSBURG 10e. Street end Numbe 10f. Zip Code 10g. Citizen of Whet Country? 17112 MUDDY BRANCH ROAD, #300 20877 LIBERIA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: þ Specify: BLACK 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) ntal Hygiene.
ed other than event, tre Me Elementery/Secondary (0-12) College (1-4or 5+) MIDWIFE MATERNITY CENTER 12th Baltimore, Maryland 17. Fether's Neme (First Middle Last) permit. Pages 1 end 2 should be filt Department of Health and Mental Hy important: if item 27 is marked oth any injury or other traumatic even 18. Mother's Neme (First, Middle, Maiden Sumeme) Be WILLIAM HARMON WOODS ပ LOUISE 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20879 GRAND DAUGHTER
20b. Place of Disposition (Name of cemetery, cremetory or other place) 9926 WALKER HOUSE RD., #4 GAITHERSBURG, MD AUDREY SOLOMON 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 20-98 4 ☐ Donetion 5 ☐ Other (Specify) GATES OF HEAVEN SILVER SPRING, MD 21. Signature of Editoral Sovice Licensee 22. Name end Address of Fecility
TAYLOR'S FUNERAL HOME 1722 NORTH CAPITOL ST. NW WASH.DC 20001 23a. P.ntl. Enter the disease, or complications that a sed the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart teilure. List only one cause on a chiline. Approximete Intervel Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical of THE ARCINOMA PARCREAS **Examiner** Due to (or es e consequence ot) Examiner The law requires that the deeth certificate be executed use as the bunei-transi Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence ot) Box 68760. nding physician Physician/Medical thet initieted events resulting in deeth) Last Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were eutopsy tindings eveileble prior to completion of cause ot deeth? Completed 24a. Wes en eutopsy 1 ☐ Yes 2 No 1 Yes 2 No or Attending Physician: Be 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Hospitel Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA To the Hospital or Attending Physwithin 24 hours after death.

To the Funeral Director: After this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 X Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 4 - Homicide 12 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner as steled.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the ceuse(s) end menner steled. edical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who complete see of deeth (Item 232) (Type, Print) 2087 JR M.D. HRISTIAN NWKNKWO PREDERICK RD #427 CHITHERSOURS AND 16220

State Registrar

MAR 13 1998

31. Dete tiled (Month, Day, Year)





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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No." 2. Date of Death Month OLMES MARCH 4c. County of Deeth 4b. City, Town, or Location of Death ARK 8. Dete of Birth (Month, Day, Year) 707 8,1932 TAKOMA PARK If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 10XM 2□ F Months Deys Hours 65 Yrs. 10c. City. Town or Location 10b. County

1. Decedent's Neme (First, Middle, Last) 3. Time of Death **Physician** STANLEY /Medical 4e. Fecility Neme (If not institution, give street and number Examiner WASHINGTON ADVENTIST HOSPITAL MONTGOMERY 5. Sociel Security Number 9. Birthplece (State or Foreign Country)
WASH. D.C. **Funeral** 577-40-7439 Director Usual Residence of Decedent the Maryland 10e, State 10d. Inside City Limits "naturel", or Items 23a or 28a-f show Yes 2 No Director PRINCE GEORGES GREENBELT 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 8557 GREENBELT RD. #T-1 20770 U.S.A. Funeral Pages 1 end 2 should be filed within 72 hours efter deeth nent of Health end Mental Hygiena. Int: If Item 27 Is merked other than "naturel", or Items 23. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Status 14. Race - American Indian Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Yeer or Dates: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: ģ 3 Widowed 4 Divorced BLACK Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bueiness/Industry 7 is marked other than traumatic event, me Me Elementery/Secondery (0-12) College (1-4or 5+) 12 SALES MANAGER CAR DEALERSHIP 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be 2 LANDON HOLMES SADIE 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) cepertment of Heelt important: if Item 27 any Injury or other tr. once. SPRING HILL DR. #203, GREENBELT, MD. 20770 TAMMY LOWRY/ DAUGHTER 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - Cify or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GATE OF HEAVEN CEMETERY 3/10/98 SILVER SPRING, MD. 22. Name end Address of Fecility 21. Signeture of Funeral Service Licensee every M00091 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical KESDIRATOLY Examiner Examiner physician and s the burial-transit lew requires that the death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thei initieted events resulting In deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medicai signed by the a d be detached f Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were europsy findings evallable prior to 24a. Wes en eutopsy performed? Completed completion of ceuse of deeth? hes 1 Yes 2. No 1 ☐ Yes 2 ☐ No certificate 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 2 Accident 5 Pending Investigation deeth. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Hospital or Attending Physician: 24 hours after deeth Funeral Director: A stately filled in by the f Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner as stated.

| Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. 29a. Certifier plately (Check only one) To the To the To the

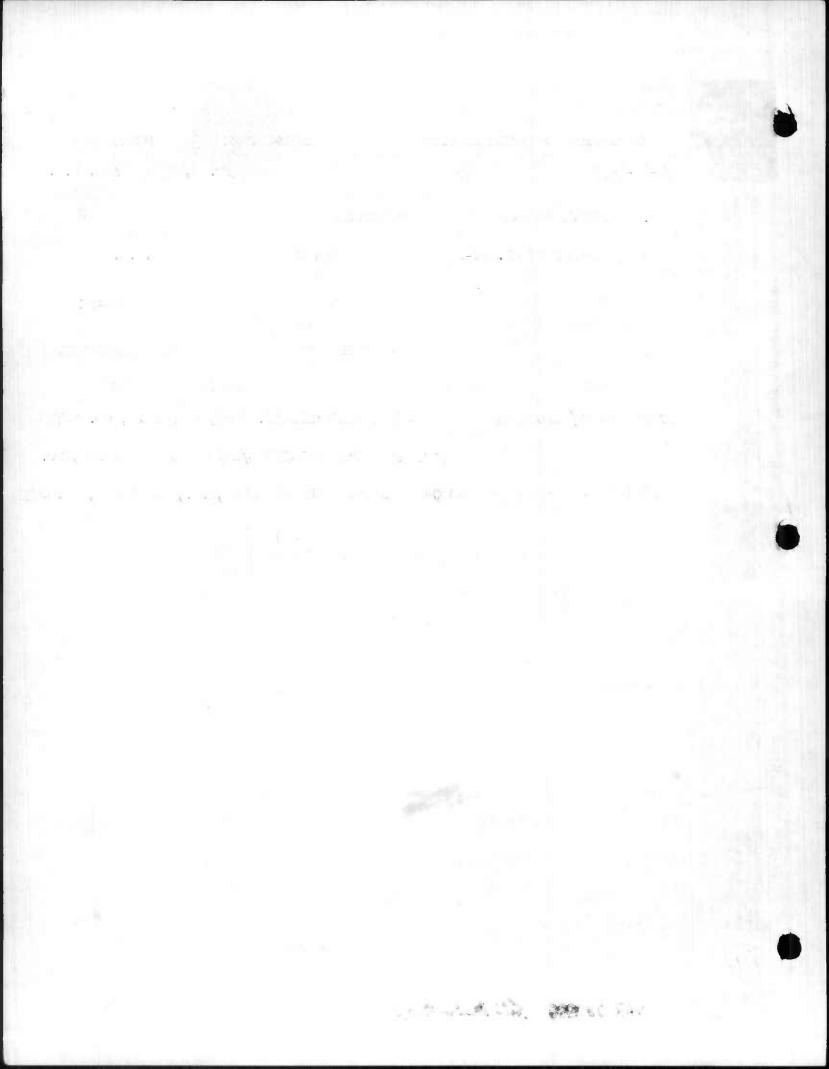
29c. License number 29d. Dete signed (Month, Day, Year)

30. Name end endress of person who come ceuse of deeth (Item 23a) (Type, Print)

MAR 09 1999

955 GUSTAVO 32. Registrer's Signeture 31. Dete filed (Month, Day, Year)

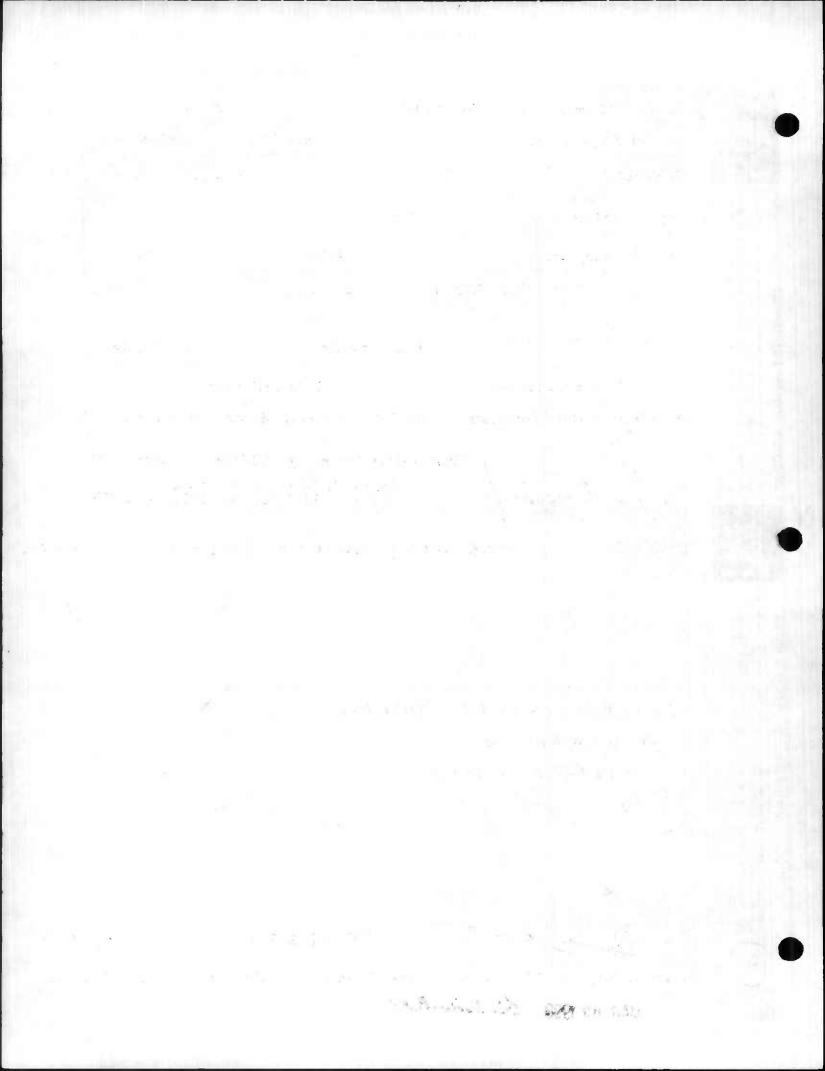
State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 09641

					Cer	tificate of	Death		Reg. No.	0.	0041		
	DI		1. Decedent's Name (First, Middle, La	st)				2. Dete of De	eth	Vere	3. Time of D	th	
	Physic /Medi		Thomas	J. How	dershell			Month	6, 1998	Year	3:30 A.I	Μ.	
	Exami		4a. Fecility Name (If not institution, giv	e street end number)			4b. City, Town, or I	Location of Deet	h 4c. Count	y of Deeth			
			5620 Galloway				Oxon Hil			e Geo	rge's		
	Funeral		5. Social Security Number 6. S	Sex 7. Age (In) SAM 2□ F	rrs. last birthday)	If Under 1 Yaar Months Deys		(Month, De		9. Birthpl	lace (Steta or Fo	reign	
	Director		236-20-2750 Usuel Residence of Decedent	AX	76 Yrs.			10/8/1921 We			st Virginia		
	and w		10a. State 10b. County	10c.	City, Town or Lo	cation				10	0d. Inside City Li	imIts	
	Many	Por	Maryland Prince G	eorge's 0	con Hill						17 Yes 2		
	28s	Se l	10e. Street end Number	8-		10f. Zip Code			10g. Citizan of	What Coun	try?		
	3a o	0	5620 Galloway Dr			20	745			SA	,		
	deat	ner	11. Marital Status	12. Wes Decedent Ever is	n U,S. 13. V		Hispenic Origin? (Spean, Mexican, Puerto	pecify Yes or No		ce - America			
21215-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examiner must be notified at	Completed by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 17 Yas 2 100 10 If Yes, Give 0/10 Yaar or Dates 0/10	941	Yes 21 No		o Hican, etc.)	Specia	ock, White, e fy: Whit			
	ges 1 end 2 should be filed within 72 hc it of Health end Mentel Hygiene. If Item 27 is marked other than "natur or other traumatic event, I're Medical	etec	15. Decedent's Ed (Specify only highest gra	lucation		ent's Usuei Occu kind of work done	pation during most of worked)	kina	16b. Kind of E	usiness/ind	ustry		
121	Pan Vithin	Ig I	Elementery/Secondery (0-12)	College (1-4or 5+)					Auto Do				
Maryland 21	Hygie ther then then the		12 17. Father's Name (First, Middla, Last)		Auto	Auto Mechanic			Auto Re	•			
	2 should be filed within end Mentel Hygiene. Is marked other than sumstic event, I'm M	Be				18. Mother's Neme			, Maiden Sumei	ne)			
	should and Men marks umatic	2	James William Ho		400 44 00						ate Zin Code)		
	d2 s th en 7 le r		19a. informent's Neme/Relationship (1941). Helen Dean Goodric				tend NumberorRu s Ave. Si						
e,	1 end Health em 27		20e. Method of Disposition		b. Pleca of Dispos cemetery, crem			Date	20c. Location				
Baltimore,	permit. Pages 1 end Department of Health Important: If Item 27 eny Injury or other to		1 ☐ Burlel 2 ☐ Cremation 3 ☐	Melliovel IIOIII State									
量	oit. Partme		4 Donetion 5 Other (Specify	1 11		tan Crem	atory 3/	6/1998	Alexand	ria,	VA		
Ba	Depa Impo eny l		1 011		G	eorge P.	Kalas Fu	uneral H	lome				
		_	238 Pert I Enter the disease or com-	olications that caused the d	eeth Do not ente	160 Oxor	hill Rd.	. Oxon F	Hill, Mc		5 Approximate		
	Physician		23a. Pert1 Enter the disaese, or comp shock, or heart failure. List only	one ceusa of each line.	20111	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ng, caon ca cararec	or respiretory e	11031,	1	intervel Between Onset end Deet	n h	
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Ö	affe affe	Certification:	4 ☐ Homicide	building, etc. (Spe	ecify)			City or To	wn, Stete)				
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	To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fun	edical	(Check only /2 Madical Exam	iner: On the basis of exam end manner stated.	ination end/or inv	estigation, In my	opinion, deeth occur	rred et the time,	date end plece,	end due to	the cause(s)		
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	6		1 Lez	1		2	1818)	MARI	H 6	, 1998	5	
	(4)		30. Name and address of person who										
			Velson V. Benjers,				ustrial P	Park Dr.	, Waldo	rf, M	0 20601		
	Sta		31. Dete filed (Month, Dey, Yeer)	32 Registrar's Signature	gnature								
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State of Maryland / Department of Health and Mental Hygiene

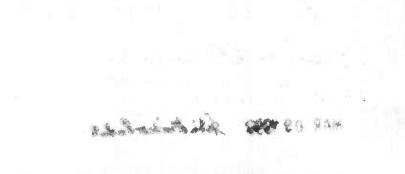
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Funera Directo		5. Social Security Number 6. Se 1577-40-1867 Usuel Residence of Decedent	7. Age (In yrs	Yrs.	Months Deys		8. Dete of Bir (Month, De	v. Year) - 1930 Wa	Birthpleca (State or Foreign Country) shington, D.C.
show		10e. Stete 10b. County	10c. C	ity, Town or L	ocation				10d. Inside City Limits
P W	cto	Maryland Prince (George's F	ort Wa	shington				1 Yes 2 No
/it t	듬	10e. Street end Number			10f. Zip Code			10g. Citizen of Wh	et Country?
ath v	8	9200 Doris Drive			2074			U.S.A.	
ING Z 1Z 13-UUZU be filed within 72 hours efter death with the Marylend tal Hygiene. d other than "netural", or frams 23a or 28a-f show event, he Magical Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 Never Merrled 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in the Armed Forces? 1 ☐ Yes 2 M Note of Yes, Give Year or Dates:	Hispenic Origin? (ben, Mexicen, Pue Specify:	Specify Yes or No rto Rican, etc.)		American indien, White, etc. White		
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id Z1Z filed withi Hygiene. ont, n	Com	Elementery/Secondery (0-12)	College (1-4or 5+)		memaker			Own Hom	
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d 2 sl d 2 sl dh an 7 Is r		19a. Informent's Neme/Reletionship (7)			ling Address (Stree				
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Dealt IIIIC permit. Pege Depertment of Important: If any Injury or		4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licens			tion Ceme		3/10/98 (Clinton,	Maryland
Demi Deper Import		J. O. P.	21/20	/ G	eorge P.	Kalas Fu			
_		23a, Part1, Enter the disease, or compl	idations that caused the dea	th. Do not er	160 Oxon	Hill Rd.	Oxon Hi	11, Mary	land 20745
Physician		23a. Part1. Enter the disease, or composhock, or heert failure. List only o	ne cause on each line.		,				Intervel Between Onset end Deeth
/Medical		Immediete Cause (Finel diseese or condition	Roger 1	-C-1	. 1.				5-4-0
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that the de de by the a	lysi	Part II. Other significant conditions con	tributing to death but not re-	sulting in the	underlying cause gi	ven in Pert I.			fbuta to the cause of death?
es thet igned be deta	by Pt						1 🗆	Yes 2 No 3	Probably 4 Unknown
requir een s hould	Completed b							en eutopsy med?	24b. Were eutopsy findings evelleble prior to completion of cause of deeth?
The lew ate has b	mo;						10	es 2 KiXio	1 ☐ Yes 🌠 No
	Be (25. Wes case referred to medical examiner?				26. Place of De	eth (Check only o	ne)	
- K .0 0	To	1 ☐ Yes 2 🛣 No	lospitel: 1 Inpatient 2	ER/Outpetie	HIL SLI DOA		Home 5 A Resid	lence 6 DOther	(Specify)
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or A Direc	ertif	4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	City or Tox		or Rural Route Number,			
To the Hospital or A within 24 hours after To the Funeral Direct completely filled in brown	edical Co	(Uneck only 2 Medical Exami	ician: To the best of my knower: On the basis of examine	owledge, deel	th occurred et the ti	me, dete and plec opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end menr dete and plece, en	ner es steted. d due to the cause(s)
ithin 2 the	Med	29b. Signature and title of certifier	and manner stated.		29c. Licen			29d. Date signed	
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60)		20 Named and others of		- 00-1/7	Drive)	2030	_	2/1	100
W)		30. Name and address of person who so	7	9 2 (D	West-	toul K	DO (1.	voce 1	10)
St	ate	31. Dete filed (Month, Dey, Yeer) MAR 0.9 1999	3 Registrar's Sign	eture	7	t	-/-		

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year Physician MARY FREDA HARDIN FEBRUARY 14, 1998 11:43 AM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MARINER HEALTH OF NORTH ARUNDEL GLEN BURNIE ANNE ARUNDEL COUNTY If Under 1 If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 □ M 2 1 F Yrs. Director 577-07-6557 20, 1911 PENNSYLVANIA 86 Usuai Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2X No Director MARYLAND PRINCE GEORGE'S HYATTSVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 238 5008 60TH AVENUE 20781 Funeral UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Hems Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☒ No þ Specify: WHITE 3 Nidowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pagas 1 and 2 should be filed within 'Department of Health end Mental Hygiena. Important: If Item 27 is marked other than "sany Injury or other traumetic event, are Nes Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN SECRETARY CHURCH 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be DAVID FINDLEY PETERS B. ELLEN HARDMAN 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JULIA ANN MELENEY, DAUGHTER 506 CHALET WEST, MILLERSVILLE, MARYLAND 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBuriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 2/21/98 BRENTWOOD, MARYLAND 22. Name and Address of Facility FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722
and anti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate
Approximate Onset and Death Physician /Medical immediate Cause (Final disease or condition resulting in death) Examiner ro vascular Examiner physician end the burial-trensit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 accid Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? á 2 X No 1 Yes 3 Probably 4 Unknown should be det Records, ð 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 2 No 1 ☐ Yes 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physicien:
within 24 hours efter deeth.
To the Funeral Director: After this certifical
completaly filled in by the funeral director. Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? 1 Yes 2 No Other: Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of injury (Month, Day Year) 28c. injury at Work? 28d. Describe how Injury occurred Certification: 28b. Time of Natural 5 Pending Natural 2 ☐ Accident investigetion 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medicai 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) ArnoldMD 21012 Rd 273B enine tarm 9

State Registrar



					ı Marylan		partment of F ertificate of		id Mental H	ygiene 8	0 9	9644
	Physici /Medic		Decedent's Nama (First, Middle, La KENT	T.	HOLM	IES			2. Date of I Month Februa	Dey	Year QQQ	3. Time of Death 9:59 PM
	Examir		4e. Fecility Name (If not institution, gire					•	, or Location of De			
		N	Sligo Adventist					Takoma			gomer	
	Funeral Director		719-10-6958	Sex 1XΩM 2□F	7. Aga (In yrs. 9	5 Yrs.	Months Days		Min. (Month, I	Birth Da <i>y, Year)</i> y 3,1903		laca (Stata or Foreign http)
	aw a		Usuai Residenca of Decedant 10a. Stata 10b. County		10c. Cit	y, Town or	Location				1	0d. Insida City Limits
	Mary Feb	ō,	Maryland Prince G	oorgos	ш	attsv	vi 110					1 Yas 2 No
	h the	Directo	10e. Street and Number	eorges	Ily	alls	101. Zip Code			10g. Citizen of	What Cour	ntry?
	th wit		822 Thurman Aven	iue				20783		U.S.	Α.	
	r dea	Funeral	11. Marital Stetus	12. Was Dece Armed For	dent Ever in U	,S. 1	3. Was Decedant of h	lispanic Origin	? (Specify Yas or I	No- 14. Rad	e - Americ ck, White,	
altimore, Maryland 21215-0020 mit. Pages 1 end 2 should be filled within 72 hours after partment of Heelth and Mental Hygiene.	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show supprigntly or other treumatic event, the Medical Examination until be nutified at once.	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas If Yes, Giv Yaer or De	2⊠ No a		If Yes, specify Cuban, Mexican, Puèrto Rican, etc. 1 ☐ Yas 2 ☑ No Specify:				y: Blac	
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2	hen.	Be Completed	Elementery/Secondary (0-12)	College (1	-4or 5+)		ive kind of work done DO NOT use retire	d)		Church	St Ho	ly Trinity
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ary	shound M	-	19e. informant's Neme/Relationship (Type, Print)		19b. Ma	ailing Address (Street				Stata, Zip	Code)
Σ	elth selth a		Carroll Frederic	k - Nep	hew	4101	Medford	Drive,	Annanda1	e, Virgi	nia 2	22083
ore C	of He		20a. Method of Disposition 1 Burlel 2 Cremation 3 D		20b. F	lace of Dis	sposition (Name of rematory or other pla		Data	20c. Location		
Ĕ	Pag ment ant: If ury o		4 Donation 5 Other (Special		State		ncoln Ceme		3-3-98	Brentwo	od, M	ID
Call	Departi Departi Import any Inj once.		21. Signature of Funeral Service Lice	n .	5.00	1	22. Name and Addre Marshall'	s Funer	ral Home,	Inc.		
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	gned be de	by F	Prostate Cancer								107	
necords,	law requires that the de es been signed by the 2 should be deteched	Completed								es an eutopsy rformed?	av.	ere autopsy findings allable prior to mpletion of causa deeth?
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DIVISION	al or Attending P s after death. I Director: After t d in by the funera	Certification:	3 Suicide 6 Could not be determined	28a. Place buildin	of Injury - At ho	oma, farm,	street, factory, office			(Street and Numl own, State)	ber or Rura	il Routa Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifiar (Check only one) Certifying Properties (Check only one)	nysician: To the niner: On the ba and mann	sis of examinat	wledge, de tion and/or	eath occurred at the tir Investigation, in my o	me, date and p opinion, deeth	place, and due to the concourred et the time	e ceuse(s) and ma e, date end place,	anner as si end due to	tated. the cause(s)
	Vithin Vithin On the Complex of the	Me	29b. Signature end title of certifier				29c. Licans	sa number		29d. Data signe	d (Month,	Day, Year)
	1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ale			D10	D19971 March 9, 1998				
	(5)		30. Name and address of person who	completed cause	e of death (Item	23a) (Typ		7/L		March	9, 19	790
			K. Sudhakar, M.				Ave., #23	0, Tak	oma Park,	MD 2091	2	
1	Sta	to	31. Data filed (Month, Day, Year)	32•Re	egistrar's Signe	ture_			31,0			

Registrar



1.0

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middle, Last) 2. Dete of Deeth

Physician	
/Medical	
Examiner	

MARVIN W. HOWERTON

March

3. Time of Deeth 9.51.PM.

10d. Inside City Limits

Approximete Interval Batwaen Onset end Deeth

1 X Yes 2 □ No

Funeral Director

with the Merylend r is marked other than "natural", or items 23a or 28a-f ahow traumetic event, the Medical Examinal must be notified at permit. Peges 1 and 2 should be filed within 72 hours effer death v. Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner man abose.

> **Physician** /Medical Examiner

> > end I-transit physician e signed by the e certificate hes b director, shis funeral Affer deeth. efter deeth Director:

The lew requires that the deeth certificate be executed

Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner by Completed Be Certification: To within 24 hours efter To the Funeral Dire completely filled in b Medical To the within a

10a Stata Director Funeral 11. Meritel Stetus à Completed 8 2

6, 1998 Yaar 4e. Facility Nema (II not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Takoma Park Washington Adventist Hospital Montgomery If Under 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Deys Hours 1**X** M 2□ F Yes 229 74 1480 44 Virginia Usuel Residence of Decedent 10b. County 10c. City, Town or Location Prince Geroges Lanham 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7103 Marius Ct. 20706 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Bleck, White, etc. 1 ☐ Yes 2 X No If Yas, Give Yeer or Dates: 1 Navar Married 2 ☐ Married 1 Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast greda complated) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Optical 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Elisha Howerton Edna L. Smith 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edna A. Howerton Sister 7103 Marius Ct. Lanham MD, 20706 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) 20c. Location - City or Town, Steta 20e. Method of Disposition XXBuriel 2 Cremation 3 Removel from Stete Cedar Grove Bapt Ch 2 3/11/98 Clarksville. VA 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Central VA Funeral Service 21. Signature of Funeral Service Licensee P.O. Box 26528 Richmond, VA 23261 Pert . Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest 1417tococca Due to (or es e consequenca of): Immunodeficiency Syndrome 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Junknown 1 Yee 2 No 24e. Wes an eutopsy performed?

24b. Were autopsy findings availebla prior to completion of cause of death? 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: Inpatient Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Tyes 2 No

Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 I Homicide

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end pleca, and due to the ceuse(s) and menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signeture and title of certifian 29c. License number

K. Such M

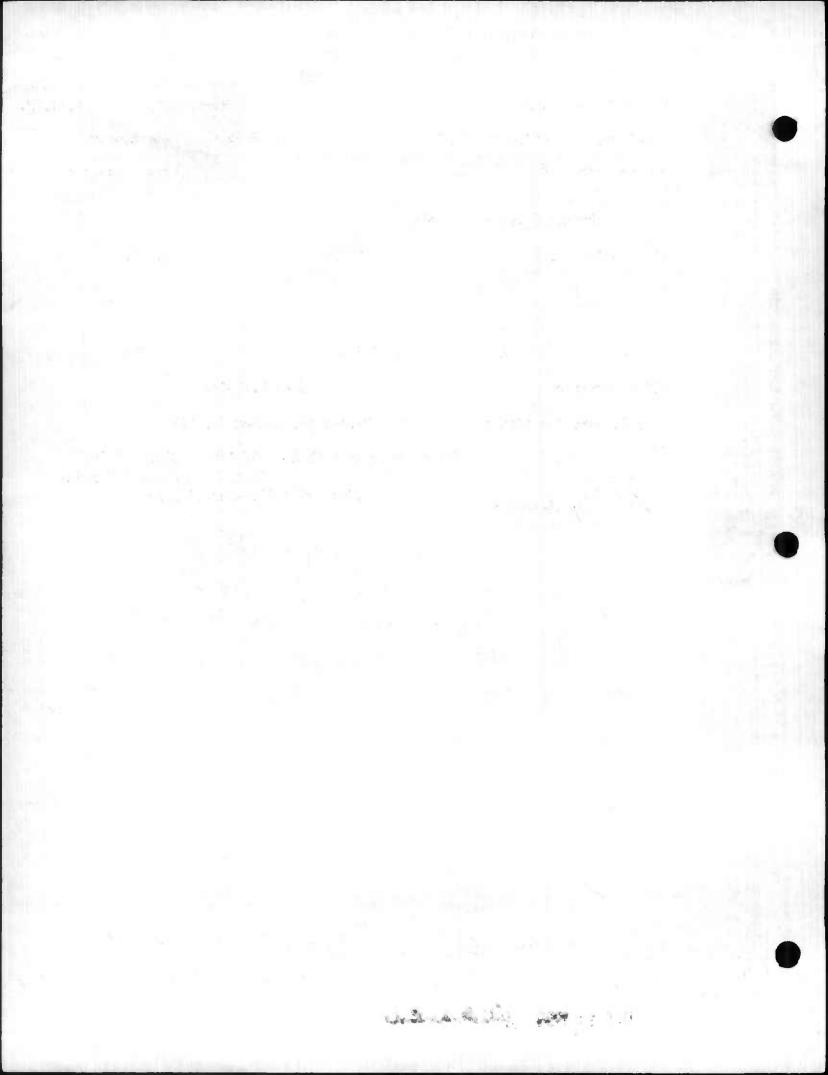
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Van Duse Rd # 220 Laurel MD 20707 Dr.GITA 31. Dete filed (Month, Dey, Yeer)

State Registrar

MAR 1 0 **1998**





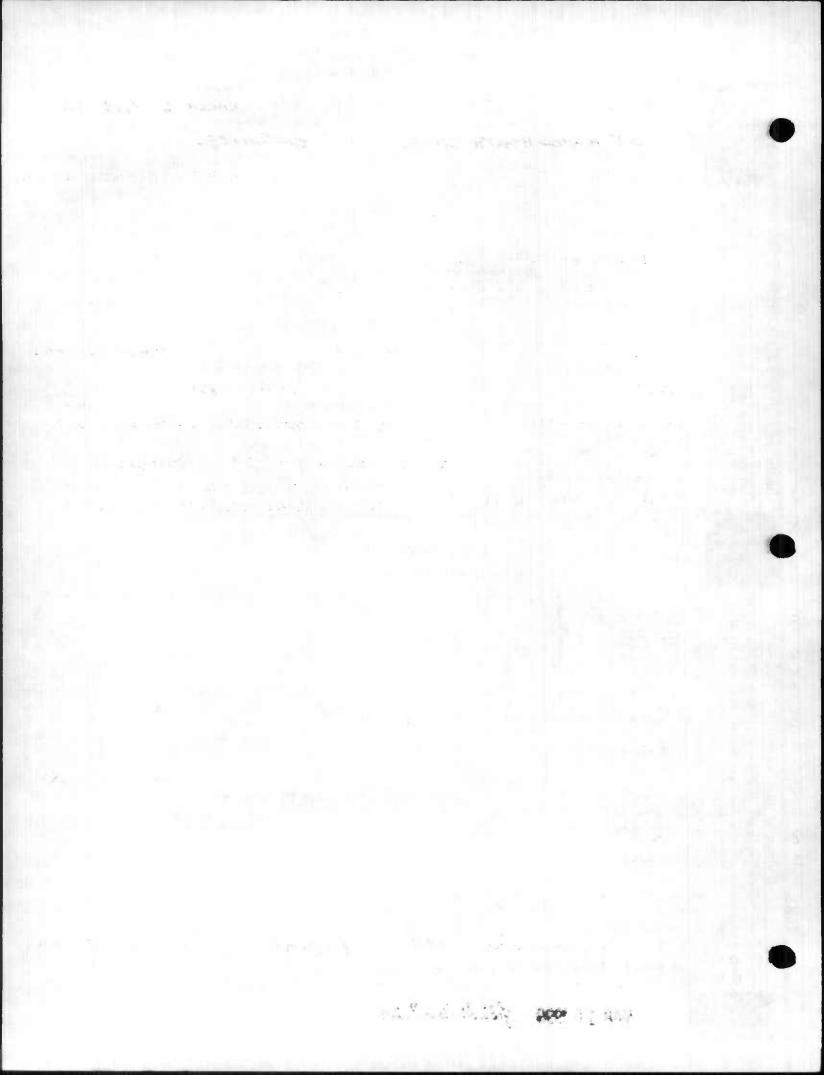
									Ce	ertificate	e of	Death		Reg. No.	0 0	040	
		Physicia	_	1. Decedent's Name HILLI			HINTON						2. Dete of De Month	Dey	Year 1998	3. Time of De	
		/Medica Examine		4a Fecility Name (II	not institution				RE			4b. City, Town, or Li		h 4c. (County of Death		
		Funeral Director		5. Social Security No. 245-01-7	772	6. Sex ty⊡ M	7. A	ge (In yrs.	last birthday 1 Yrs.	Months	1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De			nplace (State or Fi intry) h Caroli	
		show show	2	Usual Residence of 10a. State D.C.	10b. County N/A				y, Town or I							10d. Inside City I	
		ith the Meryler or 28a-f show	Director	10e. Street and Nun	nber					10f. Zip	Code			10g. Citiz	en of What Cou	intry?	
	020	urs effer deeth will, or thems 23s.	by Funeral	723 Og1 11. Maritel Status 1 Never Marrie 3 Widowed	ed 2 Marri	12. W Av ed 14	eet N. as Decedenmed Forces Yes, 2 Yes, Give ear or Dates	t Ever in U 3? No 193	-8	. Was Decede If Yes, speci	ent of h	011 Hispanic Origin? (Spen, Mexican, Puerto	ecify Yes or No Rican, etc.))- 1	S.A. 4. Race - Amer Black, White	e, etc.	
	2-0	n 72 hours	eted	(Speci	15. Decedent	's Education	n pleted)			edent's Usuel re kind of work	Occup	pation during most of work	ing	16b. Kln	d of Business/I		
	21215-0020	within ene. then	Be Completed	Elementary/Secon		1	ollege (1-4o	r 5+)		nginee		od)		Balt:	imore C	o. Schoo	ols
	pu	al Hygi other	Se Cc	17. Father's Neme (First, Middle, I	Last)			1			18. Mother's Nam	e (First, Middle	, Maiden S	Sumame)		-0.
	Maryland	ould b Mente	0	Willie H									Morgan				
	Mar	d 2 sh th end 7 is m traum		19a. Informant's Na			rint)					t and Number or Rur					111
	Baltimore,	permit. Peges 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than say injury or other traumatic svent, the MeanGe.		Lermer HI 20a. Method of Disp 1 XBurlal 2	osition Cremetion	3 □Remov	al from Stat	е	Place of Dispendency, cr	position (Nam ematory or ot	ne of ther pla		Date	20c. Loc	cation - City or 1	Town, State	111
	Baltin	Depertment mportant any injury ance.		4 ☐ Donation 21. Signature of Fu	neral Service I	Licensee				22. Name and Marsh	Addre	ess of Fecility 's Funera	1 Home.	Inc	ngle, V		
ch		Physician /Medical Examiner	-	23e. ran1. Enter the shock, or hear the shock, or hear the shock and the shock are the shock and the shock are the shock and the shock are the	Finel	complication only one cau		lros	TPS		9th of dyin	Street N	↓W ↓ Was or respiretory e	shing irrest,	ton_DC	20011 Approximate Intervel Between Onset and Dec	ath
· W.	68760,	eath certificate be executed ettending physician end ifor use as the burial-transit	edicai Examiner	Sequentially list cor if any, leading to im cause. Enter Under Cause (Disease or that initiated events resulting in death) L	nditions, mediate rlying njury	b				equence of):							
5	×	in e	2			d									i		
t -	O. Bo	that the death or ed by the ettend deteched for us	vsicia	Part It. Other signifi	cant conditio	ns contribut	ing to death	but not res	ulting In the	underlying ca	ause gi	iven in Part I.	23b. Did	tobacco	use contribute	to the cause of o	death
7	٥.	es that the igned by be detected	y Ph	CARC	Nom	γ A (7	THE	171	ATZOS	FIE	=	1 🗆	Yes 2	No 3□Pr	obably 4 □ Un	ikno
+	of Vital Records,	lew requires that les been signed b a 2 should be dete	Completed by Physician	PARK	inse	NS	Di	s En	32				24a. Was	an autop: ormed?	6	Were autopsy find eveilable prior to completion of cau of death?	
,	Re	The lev ste hes pege 2	E O										10	Yes 2	(No 1	□Yes 2KN	D
2	Vita	Physician: The this certificate ral director, peg	e e	25. Was case referr examiner?	ed to medical	Hospit	al:				0	26. Place of Deal					
HINTO	on of	After this funeral d	tion: To	1 ☐ Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		28	1 / Inpa	jury	28b. Time Injury	of 28	8c. Inju Wo	her: 4 Nursing Horry at ork? Yes 2 No	ome 5 ☐ Res 28d. Describe			ity)	
I	Division	To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After completely filled in by the funeral to the funeral present the funeral presen	Certification:	3 Suicide 4 Homicide	6 Could r determi	not be	e. Place of I building,	njury - At h etc. (Specif	ome, ferm, s	street, factory,	, office		28f. Location City or To	(Street and wn, State)	d Number or Ru	ral Route Numbe	W.
AME		Hospita 24 houn Funera etely fille	edical	29a. Certifier (Check only one)		Examiner: C		of examina				ime, date and place, opinion, death occur					
NA		To the within To the compl	Me	29b. Signature end	title officertifier		. li		ND	1		se number		29d. Date	e signed (Mont/	h, Day, Year)	30

Registrar

31. Date liled (Month, Day, Year)

DK. FRANCIS BUADI, ST. AGINES HOSPITAL, 900 CATON AVENUE, BALTIMORE, MD, LIZZA 32 Registrar's Signature

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No. 9 8 0 9 6 4 7

							C	ertificate o	f Death	h	Re	eg. No.) U	7041
	Dhunia	ian	1. Decedant's Name (First, Mic								2. Data of Deat Month	h Day	Voor	3. Tima of Death
1	Physic Medi /		Sindy I	. Heb	ron						MARCH	6	1998	6:30 AM
	Exami		4a. Fecility Nema (If not institut	_							ocation of Death	4c. Count	y of Death	
7			Doctor's Cor					W11-1-436		nham				orge's
1	Funeral		5. Social Sacurity Number 215–02–1951	6. Sax 1 ☐ M		Age (In yrs. I	ast birthda Yrs.	y) If Undar 1 Yes Months Day		Min.	8. Dete of Birth (Month, Day,		9. Birthpl Count	leca (Stata or Foraign try)
4	Director		Usual Rasidance of Dacadent			30					11-05-	67	Wash	ington DC
0	D B W		10a. Stata 10b. Coun	ity		10c. City	, Town or	Location					10	0d. Insida City Limits
a	Med and	ţō	Maryland Prin	nce Geo	rge's			Uppe	er Mar	1bor	0			Wes 2□No
00	th the M or 28a-f e notifie	Director	10e. Street end Number					10f. Zip Coda				0g. Citizan of	What Count	try?
4	# 55 m	0	28 Laughton	Street	,				2077	2			USA	
1	VACO Auts after death with the Maryla alf, or thems 23s or 28s-f sho Examiner must be notified at	Funeral	11. Marital Status	12. W	/as Deceder	t Ever in U,	S. 13	B. Was Dacedant of If Yas, specify Cu			ecify Yas or No-		ce - Amarica	
117 5	min at a	3	1 Never Marriad 200 Ma	arried 1	med Forcas						Hican, etc.)		ick, Whita, e	
W LAVERDE	E E	i by	3 ☐ Widowed 4 ☐ Divorce		Yas, Give aar or Datas	B:		1 ☐ Yes 2 📆 N	o Specify	у:		Specia	y: Bla	ack
PER	72 ho	Completed	15. Deceda (Specify only high	ant's Education	n nplated)		16a. Dec	cedant's Usual Occ va kind of work don . DO NOT usa rati	upation a during mo	st of work	ina	16b. Kind of B	usiness/Ind	lustry
四 5	Ne Me	Id m	Elementary/Secondary (0-12	1	oilege (1-4o	r 5+)								
4:	Hygle Other I	ပ္ပ	12th 17. Fathar's Nama (First, Middl	. (001)			Sch	nool Bus	-		- F:		ernmer	nt
7	the file of other event,	Be	Robert Brasw								a (First, Middla, N	Maidan Sumai	ma)	
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9	s 1 and f Health llem 27 other tr		20a. Mathod of Disposition	MCTT\ I.I.	ocher	20b. PI	ace of Dis	position (Nama of		et, t		riboro 20c. Location		yland 2077
13 8	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10 Burial 2 ☐ Crametion		al from Stet	e ca	ametary, cr	amatory or other p	,					
SWN	ermit. Pa Separtmen mportant: ny injury disse.		4 Donation 5 Other			10		22. Nama and Add			3/11/98	Brent	wood,	Maryland
a a			Charles -	1 1							neral Hor	ne		
	_		23a. Part1. Entar tha disaesa,	or complication	on that caus	ad the death	Donato	7474 La	ndove	r Roa	d, Lando	over, 1	Maryla	and 20785
	Dhusisian		shock, or haart feilura. Li	st only ona cal	use on aech	lina.	. DO HOLE	iliai ilia moda di d	ying, such e	s cardiac	or raspiratory arre	151,	1	Intarval Batween Onsat and Death
	Physician /Medical		Immediata Ceusa (Final		Ma		(weesh	0.4	,				
OP.	Examiner		disaasa or condition resulting in death)	ө	240	ve.) (verying	ecci	4				
OP		je			line	Th	as a cons	equence of	-1	Ch	seans	,	1	
	sath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions.	b	1.	Due to (or	es a cons	equenca of):			8			
G	an a urial-d	Ä	Sequantially list conditions, if eny, laading to immediata causa. Enter Undarlying Causa (Disaase or Injury that initiated avants											
68760	hysic the b	edical	Causa (Disease or Injury that Initiated avants rasulting in death) Last											
G ×	ing p	Mec												
B	ath ce trend or us	lan		0										
C	Attending Physician: The law requires that the death or redeath. sctor: After this certificate has been signed by the attent by the funeral director, page 2 should be detached for use the control of t	Physician	Part II. Other algnificant condit	tions contribut	ing to death	but not rasu	Iting in the	underlying causa (givan in Part	1.	23b. Did to	bacco use co	ontribute to	the cause of death?
0	that the	Ph									1 🗆 Ye	8 2 No	3 Prob	ebly 4 Unknown
<u>U</u>	signe the d	1 by		-									T 045 W	
	requir been s	etec									24e. Wes er perform	ned?	ave	ere autopsy findings eilable prior to enplation of cause
9	has t	Completed											of d	leath?
7	: The la				_						1 □ Ya	s 2 No	1 🗆	Yes 2□ No
Division of Vital Becords	ician: The certificate rector, pag	Be	25. Wes casa rafarred to medic axaminar?	Hospita	al:	4			Whor		h (Check only on			
7	Phys rai di	To T	1 ☐ Yas 2 ☐ No 27. Manner of Deeth		a. Data of In		ER/Outpati 28b. Time	OIL SU DON	4 🗆 14	lursing Ho	ma 5 Raside)
20	After funer	tion	1 Natural 5 ☐ Pend		(Month, D	ay Year)	Injury	W	ork? ☐ Yas 2☐	1No	ZOG. Describe no	w injury occur	1100	
· v	or Attendi after death Director: A	fica	3 ☐ Suicide 6 ☐ Coul	d not be	e. Placa of li	niury - At hor	ma. farm. s	streat, factory, office			28f. Location (Str	reet and Numi	ber or Rural	l Routa Number.
5	2 4 4 5	Certification:	4 Homicide	milao	building, a	atc. (Specify))	, , , , , , , , , , , , , , , , , , , ,			City or Town	, Stata)		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	aic	29a. Cartifiar 1☑ Certify	Ing Physician	: To the bes	t of my know	rladga, dea	ath occurred et tha	tima, deta a	nd placa,	and dua to tha ca	usa(s) and m	ennar es ste	eted.
	within 24 To the Fu complete	edicai	(Check only 2 Medica one)	il Estaminer: C	n the basis nd mannar :	of axaminati stated.	on and/or	Invastigation, in my	oplnion, da	ath occur	red at tha tima, da	ata end place,	and dua to	tha cause(s)
-	To t	Σ	29b. Signatura end titla of confit	or On	0		1.	29c. Lice	nsa number	1	29	d. Data sign	(Month, E	Pay, Year)
	(3)			X	L		u	00	834	4 /		8/	1/45	5
	(8)		30. Nama and addrass of perso	n who complet	ed causa of	daath (Jem	23е) (Тур		10.	1	VA # 202	/hit	11 1	Mi dus
	(0)		Norman	VIV	مارس	1 11	0274	unce	MILE	nu v	NICH POUR	1	well	un
	Sta Registi		31. Data filed (Month, Day, Yea	1000	32. Degis	trar's Signat	ure	Lat			*			
	riegisti	-641	MAR 1 0	333	Name of		_	-						

Market Market Market Market

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month BENSON MARCH 12,1998 3:30 AM NEAL HICKS /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner CIVISTA MEDICAL CENTER LAPLATA CHARLES If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months 11☑ M 2□ F Director 579-12-7101 78 WASHINGTON, DC MAR. 7.1920 Usual Residence of Decedent 10c. City, Town or Location 10a. Stete 10b. County 10d, Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examiner must be notified at 1 Yes 20 No Director MARYLAND ANNE ARUNDEL HARWOOD 10q. Citizen of Whet Country? 10a. Street end Number 10f. Zlp Code 4744 G. FLANDERS LANE 20776 U. S. A. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Mantel Status 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: W.W.II 1 Never Merried 20 Married Specify: WHITE 1 ☐ Yes 2 ₩ No þ 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 10 PAINTER U. S. GOVERNMENT should be filed vand Mental Hygie 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) BENSON NEAL HICKS, SR. ANNIE JONES and i 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m eny injury or other treun once. AUDREY E. HICKS/WIFE 4744 G. FLANDERS LANE HARWOOD, MARYLAND 20776 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete MARCH 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 4 Donetion LEE CREMATORY 15,1998 CLINTON, MARYLAND 22. Name end Address of Fecility

LEE FUNERAL HOME CALVERT, P.A. 21, Signature of Funeral Se 8125 SO. MD BLVD. OWINGS, MARYLAND Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** RESPIRATORY

Due to (or es e consequence of): Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai Examiner Examiner physician end the burief-trensit certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or es e consequence of): USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 No Nown CEREBROVASCULAR ACCIDENT ģ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? RENAL INSUFFICIENCY 1 Yes 2000 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Piace of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Appatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this funeral 27. Manner of Death 28d. Describe how Injury occurred 28c. injury et Work? Certification: 5 Pending investigation il or Attending after deeth. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide in 24 hou. Hospital 29a. Certifier (Check only one) 1 🗀 dertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es stated. Medical To the Hosp within 24 ho To the Fune completely fi 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Altendis

D-44436

PRESTON SQUARE II 6 B INDUSTRIAL PARK DRIVE

MAKEN 12 1999

WALDORF MD.

20602

State Registrar

30. Neme ent address of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrer's Signature

ASHVIN J. PATEL M.D.

MAR 1 8 1998

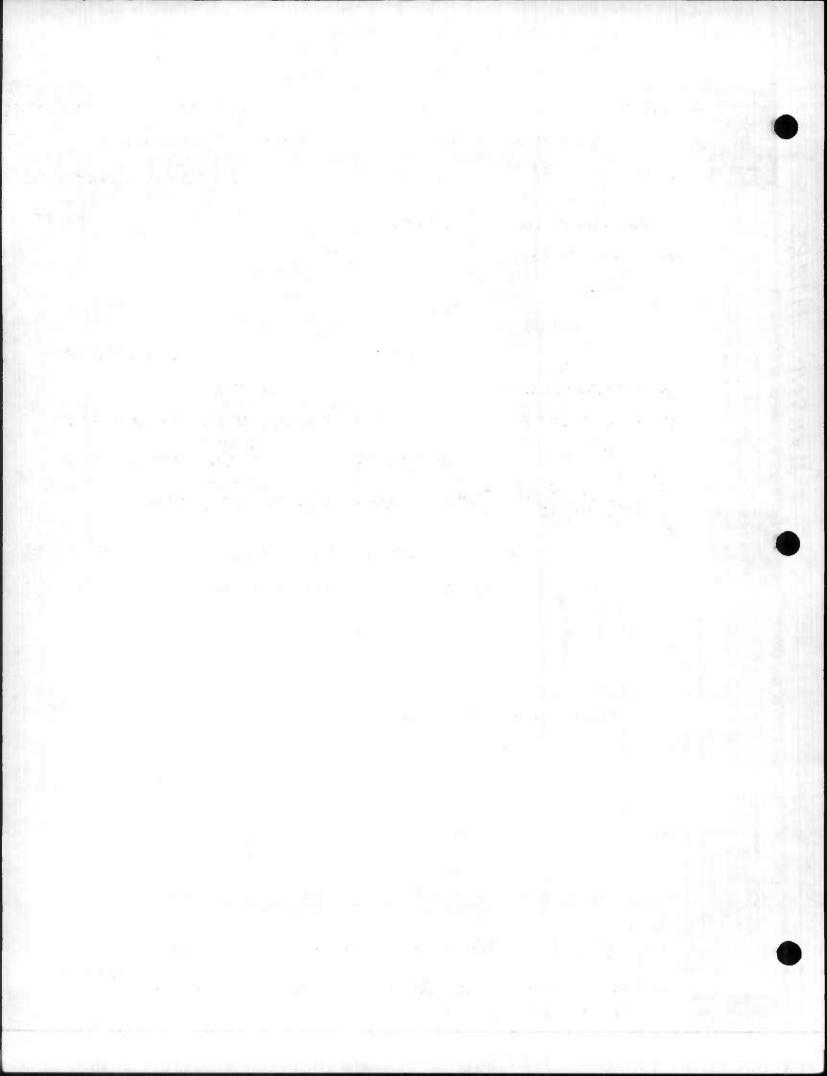
31. Dete filed (Month, Day, Year)

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Box 68760.

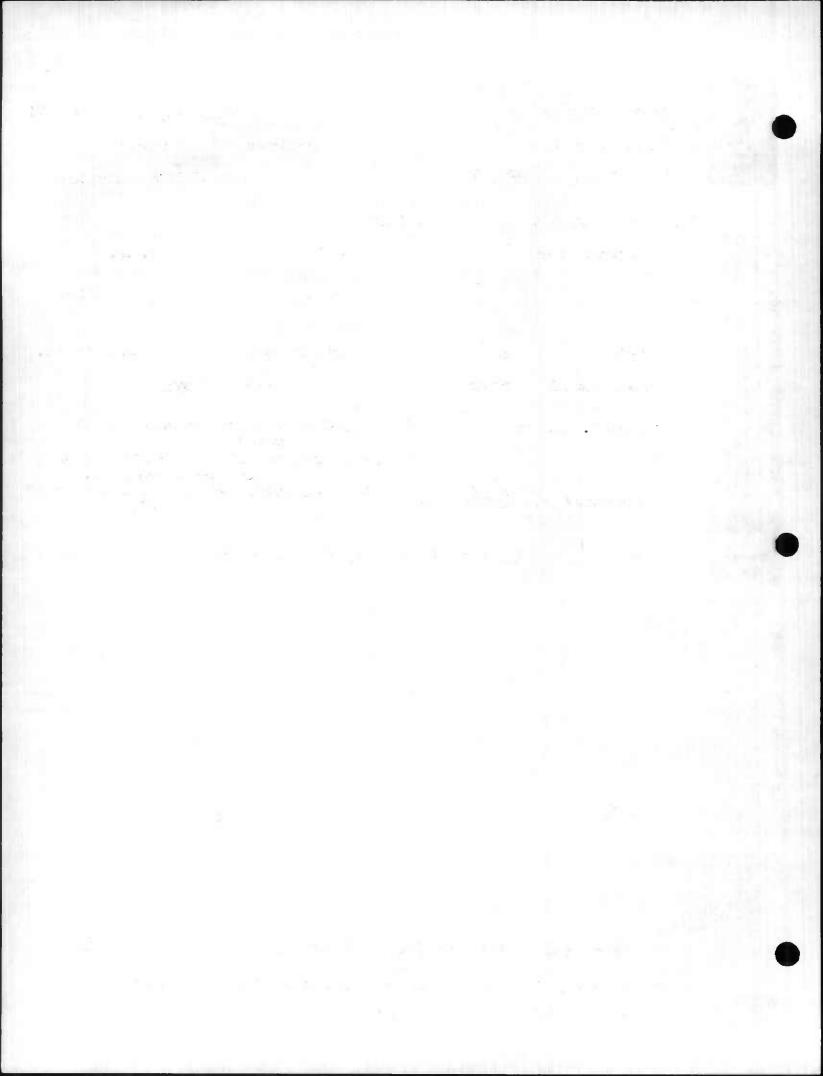
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Division of Vital Records,



State of Maryland / Department of Health and Mental Hygiene

				Otate of Mary		tificate of			Reg. No.	3 0	9649
	Physic /Medi		Doris F. Hoover					2. Date of Dea Month	ith Day	Yeer 998	3. Time of Death 8:40PM
	Exami		4a. Fecility Neme (If not institution, give 9830				4b. City, Town, or I	Location of Death	4c. County	of Death	
	Funeral Director		Sodus Manor Pla 5. Social Security Number 218-24-3380 Usual Residence of Decedent		n yrs. lest birthdey) Yrs.	If Under 1 Year Months Days	Faulkne If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, De)		9. Birthple Countr	ece (State or Foreign y) yland
	yland		10a. Stete 10b. County	10	c. City, Town or Lo	cation	<u> </u>			10	d. Inside City Limits
	e Mar	ctor	Maryland Charle	S	Faulk	ner					1 ☐ Yes 2 No
	ath with th	ral Director	10e. Street and Number Sodus Manor Plac	:e		10f. Zip Code 20632	2		10g. Citizen of \	What Countri 5.A.	y?
020	ours after de lei, or item	by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		Vas Decedent of H f Yes, specify Cube	dispanto Origin? (Sen, Mexicen, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Rec Blac Specify	e - America ck, White, e v:	
21215-0020	be filed within 72 hours after death with the Maryland stall Hygiena. Id other than "naturel", or items 23a or 28a-f show event, tra Medical Examiner must be notified at	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) 12th	cation (e completed) College (1-4or 5+)	(Give		eation during most of wor d) f employe		16b. Kind of B		istry
pc	be filed tal Hygi d other	Be C	17. Father's Name (First, Middle, Last)					ne (First, Middle,		~	
ylaı	2 should be filed within and Mantai Hygiena. is marked other than aumstic event, tre M	70	James Edward	Fowler			Hele	en E	vans		
Maryland			19a. fnformant's Name/Relationship (T)				end Number or Ru				
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mo	Pages nent of I nt: If Its		MBurial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	nemoval from State			emetery		Seat P	leasar	nt MD
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Г			23e. Part1. Enter the disease, or compleshock, or heert failure. List only or	ications thet caused the ne cause on each line.	death. Do not ente	er the mode of dyin	ng, such as cardiac	or respiretory and	207. rest,		Approximate ntervsi Between
	Physician /Medical Examiner	r	Immediate Cause (Final diseese or condition resulting in death)	a. CA M	CE R		Ci	hon	/		Onset and Death
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Box 68760,	E 0 a	n/Medical	resulting in death) Last	Due	to (or es e consequ	uenca of):					
	the death cert y the attanding ached for use a	Physician/N	Part II. Other significent conditions cor	ntributing to death but no	ot resulting in the un	idertvina cause aiv	ren in Pert I.	23b, Did to	obacco use co	ntribute to t	the cause of death?
s, P.0	- 0 10	by Phy			-						ably 4∭Unknown
Records,	2 s S	Completed						24a. Was a perfor	in autopsy med?	com	e autopsy findings lebie prior to pletion of cause eath?
al B	The ate							1 🗆 Y	es 2 No	10	Yes 20NA
Vital	Physician: The this certificate rel director, par	o Be	25. Was case referred to medical examiner?	Hospital:	2 ER/Outpetient	Oth	or:	ith (Check only or ome & Resid		er (Specify)	
n of	D 0 0	-	27. Menner of Death	28a. Date of Injury (Month, Dey Yea	28b. Time of	28c. Injur		28d. Describe h			
Division	deat ctor: y the	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined	28e. Placa of Injury - building, etc. (S)	At home, farm, stre	M 1 🗆	Yes 2 No	28f. Location (S City or Tow		er or Rural i	Route Number,
_	Hospita 24 hours Funeral taly fille	edical Ce	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	sician: To the best of my ner: On the besis of exal and manner stated.	y knowledge, death mination and/or inv	occurred et the tin estigation, in my o	ne, date and plece pinlon, deeth occur	, and due to the c rred et the time, c	ause(s) end ma late and placa,	inner as sta and due to t	ted. he cause(s)
	To the within 2 To the compla	M	29b. Signature and title of cartifier	- M.	rem	29c. Licens	e number	_ 2	29d. Dete signer	6 (Month, D.	ay, Year)
			30. Name end eddress of person who co				lid oo				
	Sta	te	Krishan Mathur, M. 31. Date filed (Month, Day, Year)	32. Registrar's S	d Washin	gton Rd.	#102 Wal	Ldorf, Ma	a. 2060	2	
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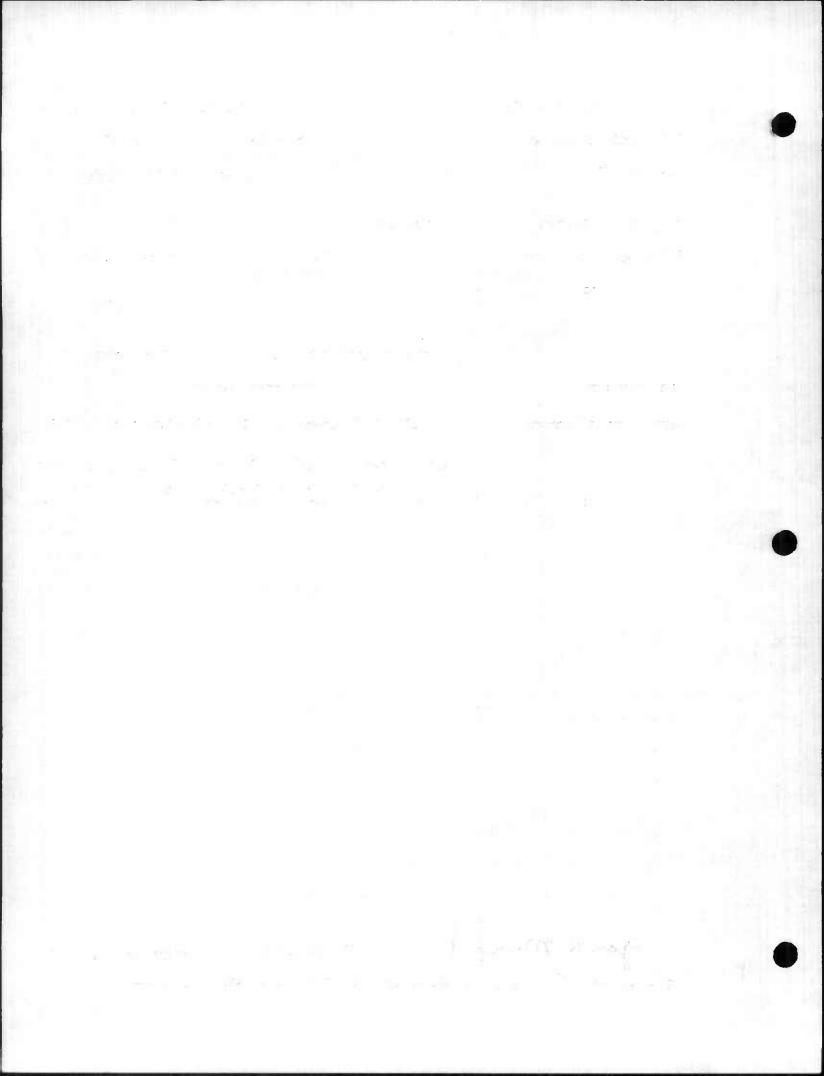


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Data of Deeth 3 Time of Death February 23 1998 **Physician** Vicki W. Jensen /Medical 3:15PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 12127 Red Stream Way Columbia Howard H Undar 1 Yeer If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Dey, Year)
June 15, 1951 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country)
 Utah **Funeral** 1 □ M 2 1 F 529-78-4671 46 Director Usuel Rasidance of Decedant with the Meryland 10e. Stata 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Menylan Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits 1 ☐ Yes 2 ☐No Director Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12127 Red Stream Way 21044 United States 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Mexican, Puerto Rican, atc.) 11. Maritel Status 14. Race - American Indian. Bleck, Whita, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 1 Nevar Married 20 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 ☑ No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Dacedant'a Education (Specify only highast grada completed) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 18b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Credentialing Agent Healthcare 17. Father's Nema (First, Middle, Last) 18. Mothar'a Nama (First, Middla, Meidan Sumama) Don Waterlyn Margaret Sanders 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Barry Jensen/Husband Columbia, Maryland 12127 Red Stream Wav 21044 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cremation 3 X Removel from State 4 ☐ Donation 5 ☐ Othar (Specify) Wasatch Lawn Memorial Pk.3-2-98 Salt Lake City, Utah 21. Signature of Funerei Sarvice Licensee 22. Nama end Addrass of Facility Harry H. Witzke's Family Funeral Home, Inc. 23a. Parti. Entar tha diseasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart feilura. List only one ceuse on each line. 4112 Old Columbia Pike Ellicott City, MD 21043 **Physician** tmmediata Causa (Finel disaasa or condition resulting in death) /Medical Rupinstery Failure 3 weeks Examiner Dua to (or as a consequence of): Examiner Ovarion Cancer metastatic to lung, when 10 months ician and burial-transit Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disaese or injury that initiated evants rasulting in daath) Last Due to (or as a consaquance of) Box 68760, attending physician for use es the buria liver, peritoneum. Physician/Medical Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? Bilateral pleval effusions 1 Yes 25 No 3 Probably 4 Unknown Division of Vital Records, ò 24b. Ware autopsy findings available prior to completion of cause of daath? 24a. Wes an autopsy performed? Completed Haligant ascites, Anorgain - Cachexia Animia, certificate 1 Yas 2NNo 1 Yas 2 No I or Attending Physician: efter death. Director: After this certific 25. Was casa refarred to medical axaminar?
1 Yas 28 No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding investigation 1X Netural 1 Yes 2 No 2 Accidant 6 Could not be datarmined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicide 24 hours e Hospital Certifying Physician: To the best of my knowladga, daath occurred at the time, dete end plece, and due to tha causa(a) and mannar as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and due to the cause(s) and manner stated. 29a. Certifiar (Check only one) within 2 To the f 29b. Signatura and title of certifiar 29c. License number 29d. Data signed (Month, Dey, Year) on 14. 0 30573 February 24, 1998 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) Mintind, MD 2 Know Worth Columbia MO 21044 31. Data filed (Month, Dey, Yaar) 32. Ragistrar's Signature State Julia Davidson Rardall FFB 2 5 1998 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month **JACKSON** ALICE DELOIS MARCH 1998 11:47PM /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY PR. GEORGE'S 7. Age (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5. Social Security Number Birthplace (Stata or Foreign Country)
 D C **Funeral** 1 M 2 F 52 8775 Yrs. Director 60 OCT 24,1937 Usual Residance of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show r than "natural", or items 23a or 28a-f show Director X Yas 2 No M D Pr. George's Brentwood 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 4205 Newark Road 20722 Funeral USA filed within 72 hours efter deeth 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 26 No 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married 21215-0020 If Yas, Giva Yaar or Detes: 1 ☐ Yas 2 ₹ No Specify: Black by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona duning most of working life. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Hygiena Collega (1-4or 5+) Waitress Resturant 7 ie marked other traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meidan Sumama) . Pages 1 and 2 should be fill timent of Health end Mental Heant: If item 27 is marked oth jury or other traumatic even Be Bailey George Alice Whitmore 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Address (Street end Numbar or Rural Routa Number, City or Town, State, Zip Coda) George Jackson 2218 Beacon Hill RD, Alexandria, VA 22306 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Burlal 2 ☐ Cremation 3 💆 Removel from Stata permit. Page Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) MT.MORRIS BAP. CHURCH 3/8/98 Hume, VA 21. Signatura of Funaral Sarvice Licansae 22. Nama and Address of Facility GREENE FUNERAL HOME nelson E 814 Franklin Street 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one ceuse on each line. Approximete intarval Batwe Onset and Death **Physician** /Medical Immedieta Causa (Final MULTIORGAN DYSFUNCTION disaasa or condition rasulting in daath) Examiner Disseminated intravascular Coagulation Examiner The law requires that the death certificate be axecuted the bunal-transit Sequentially list conditions, if any, laading to Immadiata cause. Enter Undarfying Ceusa (Disaasa or injury that Initiated avants rasulting in death) Last pue Cerebra Division of Vital Records, P.O. Box 68760. anoxia Physician/Medical Dua to (or as e consequence of): for use es hemoryhates attanding Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by i 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown þ page 2 should 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy peed : completion of causa of daeth? certificate has 1 Yas 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director. Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 4 No Certification: To this illed in by the funaral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of After 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Netural 5 Pending Invastigation s after death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 \(\text{Homicida} \) vithin 24 hours at within 24 hours at To the Funeral D complately filled i 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) end menner as steted.
2 Madical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. Medical 29a, Cartifian (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) MARCH 4/1998 N an D43662 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) 3001 Hospital Drive Cheverly Maryland 20785 Dr William Boyce Registrar's Signature 31. Data filed (Month, Dey, Year) State MAR 09 199 Registrar

DHMH 16 Rav 6/95

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath Month conge 4a. Facilify Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death County of Death 4c. Theriu MARCIAR INDA If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax -7. Aga (In yrs. Jast birthday) 9. Birthplaca (Stata of oreign Country) 8. Data of Birth (Month, Day, Year) 1 M 2□ F Months Days Hours Min. 85 Yrs. 223-14-0335 9, 1912 Warfield, Usual Rasidance of Dacedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 No Yas 2 No Prince George's Maryland District Heights 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1900 Rochell Avenue, #1723 20747 United States 12. Was Decedent Evar in U,S. Armed Forcas? ☼XYas 2 ☐ No If Yas, Giva 11. Maritai Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: 3 Widowed 4 Divorced Black 15. Decedant's Education (Spacify only highest grada completed) 16a. Dacedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Maintenance Government - Private 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Abraham Jackson Rebecca Isreal 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 20747 19a. Informant's Name/Raiationship (Type, Print) 1900 Rochell Avenue, #1723, District Heights, MD Thelma Jackson - Wife 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 31/9/98 Harmony Memorial Park Landover, MD 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C. Entar tha disaasa, or complications that caus, or haan failura. List only one cause on each Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Batween Onsat and Death tmmediata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wara autopsy tindings availabla prior to complation of ceusa of daath? 1 Yas 2 7 No 1 ☐ Yas 2 ☐ No 25. Was casa ratarred to madical 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitai: 1□ Yas 2□ No 1 Inpatiant 2 ER/Outpatient 3 □ DOA 27. Manner of Daath Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation Injun

Physician /Medical Examiner

Physician

/Medical

Examiner

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Be Completed

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Funeral

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filed within 72 hours efter

Peges 1 and 2 should be filed within nent of Health and Mental Hygiene. ant: If item 27 is marked other than ury or other traumatic event, the M

permit. Pege Department of Important: If any Injury or

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Records,

Division of Vital

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6 Hospital

Physician/Medical Examiner þ Completed Be P Certification:

The law requires that the death certificate be executed ettending physician and for use as the burief-trant ate hes been signed by pege 2 should be detac certificate hes Attending Physician: this Director: After thi deeth.

Funeral

State Registrar

Medical within 24 hor completely 29b. Signature and time of certitier

2 Accidant

3 Suicida

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31. Data tiled (Month, Day, Year)

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1thertifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar statad.

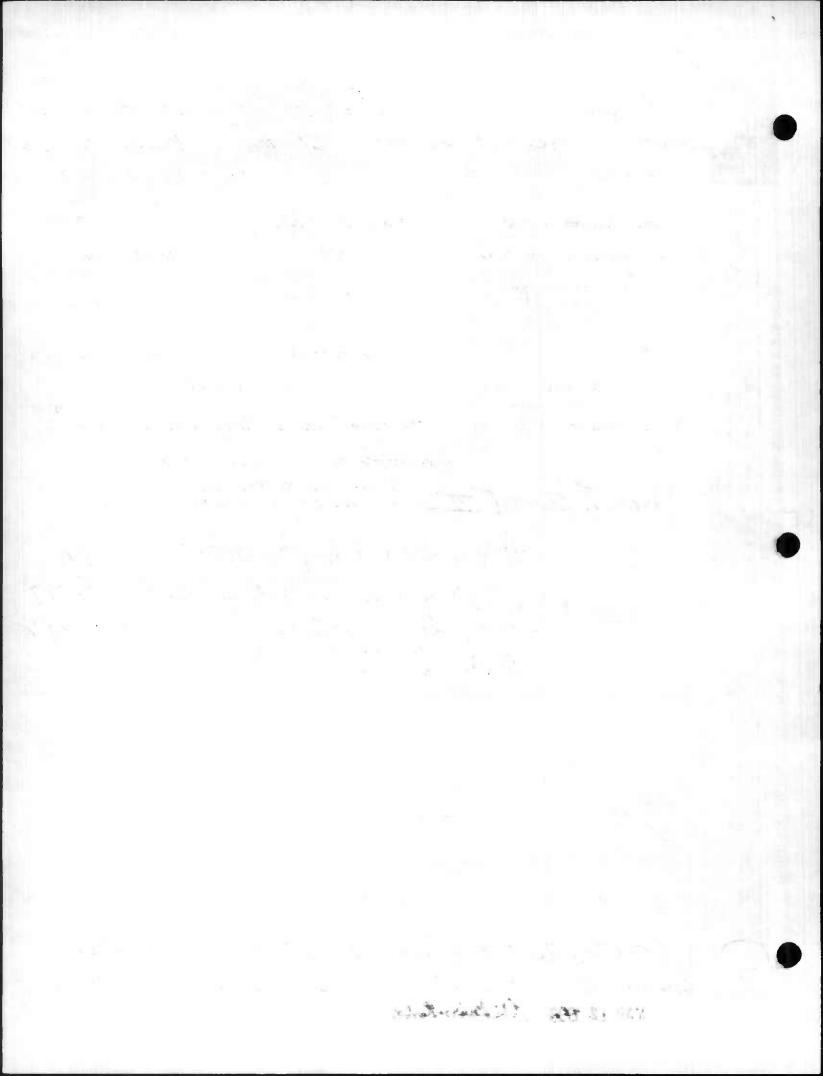
29c. Licansa number

29d. Data signed (Month, Day, Year)

C-101 CLINTON

30. Nama and addrass of person who complated causa of BERWA

MAR 12 1998



State of Maryland / Department of Health and Mental Hygiene O

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Mary	short short		19e. Informent's Name/Reletions	nlp (Type, Print)	19	9b. Melling	g Address (Stre	set end Number or A	lural Route Numb	per, City or To	wn, State, Z	Zip Code)	
2	and 2 alith		David H. Jerew	(Son)	1	1735	Torcel	10 Court	Waldorf,	, MD 20)601		
o e	of He f Item r offh		20a. Method of Disposition 1 □ Buriel 2 X Cremetion	3 Demovel from State	comet	of Dispos tery, crem	sition (Neme of letory or other)	plece)	Dete	20c. Locati	ion - City or	Town, Sta	ata
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Saillmore	permit. Peges 1 and 2 should be filed Depertment of Health and Mental hyg Important: if Item 27 Is marked other eny Injury or other traumatic event, and.		21. Signature of Fynerel Sarvica (Licansee MOO1	73	22. T	Name end Ad	dress of Fecility rwein Mor	tuary				
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DIVISION	Attende octor	Ifica	3 ☐ Suicide 6 ☐ Could r	ot be 28e. Plece of In	jury - At home,	ferm, stre	et, fectory, offic	Ce	28f. Location	(Street end N	um <i>ber</i> or Ru	ral Route	Number,
5	s efte	Certification:	4 Homicide	bullding, et	tc. (Specify)				City or To	iwn, Stete)			
	To the Hospital or Attending Physician: The law within 24 burus effector death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical (29a. Certifier 1 CertifyIng (Check only 2 Medical I	Phyeician: To the best Examiner: On the basis of	of my knowledg	ge, deeth	occurred et the	time, dete end plec	e, end due to the	ceuse(s) end	d manner as	steted.	use(s)
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	To You	5	29b. Signature and tille of certifiar	101			29c. Lice	ensa numbar			igned (Mont/		
			now	~~				D-44436		MARI	m .	16	1998
			30. Neme and eddress of person v										
			ASHVIN J. PATEL 31. Date filed (Month, Day, Year)		TUN SQUA	ARE I	LI 6B I	NDUSTRIAL	PARK DR	RIVE WA	LDORF	MD.	20602
	Sta Registr		MAR 1 8	1998 July	rer's Signature	chand	all						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Reba Knox Dolores March 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Laurel Regional Hospital Laurel Prince George If Under 1 Year | If Under 24 Hrs. | Months Deys Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Day, Year) Aug. 15, 1 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Months 577-24-4074 1 M 200 75 Yrs. 1922 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Howard Laurel 1 ☐ Yes 2 XXIo 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 10117 Highridge Road 20723 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 X Married 1 ☐ Yes XXNo Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Flementary/Secondery (0-12) Grade II College (1-4or 5+) Bank Teller Bank 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Earl Brown Reba Phelps 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles Knox Husband 10117 Highridge Road Laurel, Maryland 20723 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Duriei 2 □ Cremetion 3 □ Removal from Stete Providence Meth. Cemetery3/6/98 Dayton, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Donaldson Funeral Home, P.A. 21. Signeture of Funeral Service Licensee 313 Talbott Avenue Laurel, Md. 20707 23e. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Ceuse (Finel disease or condition resulting in deeth) pulmonary disease 10 years Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings aveilable prior to 24e. Was en autopsy completion of cause of death?

Physician /Medical Examiner

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physician the buriel

been signed by the e should be detached t

Completed

Box 68760.

P.O. E

Records,

Division of Vital

Physician

/Medical

Examiner

10e. Stete

Md.

Director

Funerai

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Funeral

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permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylen Department of Heelih and Mentai thygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any fully or other traumatic event, I'm Medical Exprince must be notified at any fullury or other traumatic event, I'm Medical Exprince must be notified at

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical þ

> 1 ☐ Yes 2 No 26. Piece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death 5 Pending 2 Accident

Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA investigation 6 Could not be determined

28b. Time of 28c. Injury et Work? 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, end due to the ceuse(s) and manner stated.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

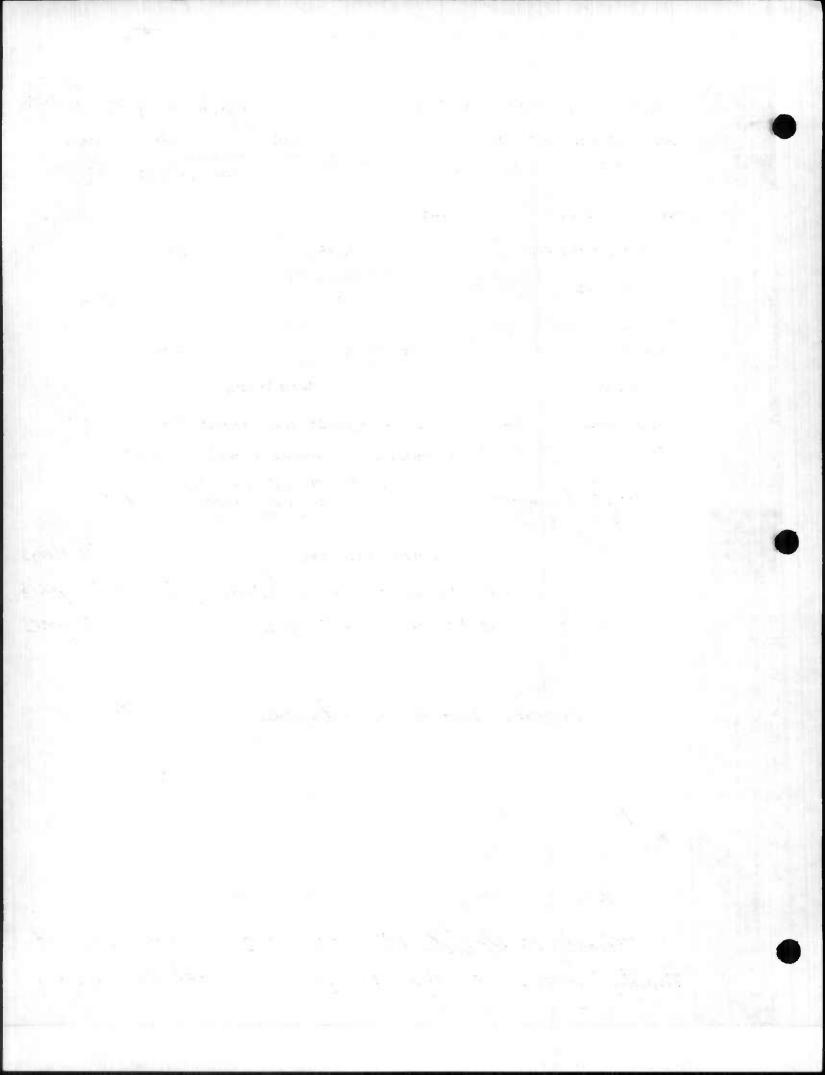
State Registrar

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print).

Timothy P. M. Clain 321 Prince George 57. Laurel MD 32. Registrar's Signeture Randall 31. Date filed (Month, Dey, Year) MAR 0

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q. (2)

			State of W	aryland /	Certificate of			Reg. No.	09655
	Dharaini		1. Decedent's Neme (First, Middle, Last)				2. Dete of De Month	eth	3. Time of Deeth
	Physici /Medi		Mary Margaret Knight				March		
p	Examir		4e. Fecility Neme (If not Institution, give street end number,			4b. City, Town, or L	ocation of Deet	4c. County of	Deeth
			4700 Governor Ogle Court			Upper Ma			ce George's
	Funeral Director		5. Sociel Security Number 220-16-3843 Usuel Residence of Decedent	ge (In yrs. lest b	birthday) If Under 1 Year Months Deys	Hours Min.	8. Dete of Bir (Month, De Sept. 2		9. Birthplece (Stete or Foreign Country) Maryland
	ehow del	_	10a. State 10b. County	10c. City, To	own or Location				10d. Inside City Limits
	he M	Director	Maryland Prince George's	Uppe	er Marlboro				1 ☐ Yes 2 💢 No
	with with		10e. Street end Number		10f. Zip Code			10g. Citizen of Wh	
	eath m 23	eral	4700 Governor Ogle Court 11. Merital Stetus 12. Wes Decedent	Ever in I.I.S	2077		acity Vac or No	U.S.A	A American Indian,
020	be filled within 72 hours efter death with the Maryland la! Hygiane. d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	1 Never Merried 2 Married 3 X Widowed 4 Divorced Armed Forces: 1 Yes 2 X If Yes, Give Year or Dates:		If Yes, specify Cub	en, Mexican, Puerto	Rican, etc.)		White
2-0	2 ho		15. Decedent's Education	16	a. Decedent's Usuel Occup	petion		16b. Kind of Bus	
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lan	Mental Mental arked o	To B	James Myers			Martha	Ingram		
any	should and Men amarke umatic		19e. Informent's Neme/Relationship (Type, Print)	19	9b. Meiling Address (Street				tete, Zip Code)
Σ	end 2 saith a n 27 is		Eugene Pearson - Grandson	47	700 Governor	Ogle Cour	rt, Upp	er Marlbo	oro, MD 20772
ore	ges 1 end 2 should t of Health and Men if Item 27 is marke or other traumatic		20e. Method of Disposition 1 XBuriei 2 ☐ Cremation 3 ☐ Removel from Stete	20b. Pleca cemet	of Disposition (Neme of tery, cremetory or other pla	ce)	Dete	20c. Location - C	ity or Town, State
Ë	A # 9 0		4 Donetion 5 Other (Specify)	Fort	Lincoln Ceme	etery 3	/14/98	Brentwo	od, Maryland
Baltimore,	permit. Pages 1 end 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum once.		21. Signeture of Funerel Service Licensee	Same	22. Name end Addre	sch's Son	s Funer	al Home,	P.A.
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ı	Examiner		resulting in deeth) a.	Due to (or es a	a consequenca of):	Col			1 10 10)
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	icate be executed physician end s the buriel-trensit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e	e consequence of):				
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68	T 170 00	edical	resulting in deeth) Lest	Due to (or es e	consequence of):				
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	the ette	sicia	Pert II. Other significant conditions contributing to death b	ut not resulting	In the underlying cause give	ven in Pert I.	23b. Dld	tobacco use conti	ributs to the cause of death?
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Ä	The lay	mo:					10	Yes 2000	1 ☐ Yes 2 ☐ No
Vital	lan: ortifica ctor,	Bec	25. Wes case referred to medical exeminer?			26. Pleca of Deet	h (Check only o	one)	
	Physician: rithis certific rral director,	2		ent 2 ER/C	Outpetient 3 DOA Oth	4 Li Nursing Ho	me 5 Nesid	dence 8 □Other	(Specify)
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Sig	Attending or death. ector: Aftai by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be			Yes 2 □ No	004 1	Ou	
Division of	effer of All	Certification:	determined 200. Flece of III)	ury - At home, f c. (Specify)	ferm, street, factory, offica		City or To		or Rurel Route Number,
	To the Hospital or Attending Physician: The is within 24 burs efter death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier (Check only Certifying Physician: To the best Examiner: On the pasis of	f examinetion e	ge, deeth occurred et the tir	me, dete end piece,	end due to the	ceuse(s) end mann	ner as steted. d due to the ceuse(s)
	the the mplet	Medical	one) and memner str	ated.					
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	6		30. Name and address of person who completed cause of o	(Item 23e)	(Type, Print)	3 1105	(). c	Kell N	1) 20785
	Sta	- 1	31. Dete filed (Month, Dey, Year) 32. Degistr	ar's Signeture	0 0 5	· '		U	
	Registr	ar	MAR 12 PM	STREET, STREET,					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth Ab. City, Town, or Location of Deeth 10mm15 MARCH 4a. Facility Neme (If not institution, giva street end number) 4c. County of Deeth WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
JULY 15,1937

Birthplece (Stete on Foreign TALLADEGA CITY 7. Age (In yrs. last birthday) 1)(M 2□ F Months Deys Hours 60 Yrs. 416-48-9126 Usual Residence of Deceden 10b County 10c. City. Town or Location 10d. Insida City Limits 1 Ves 2 □ No MONTGOMERY TAKOMA PARK 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6701 CONWAY AVE 20912 USA 12. Wes Deceden! Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Detes: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, White, atc. 1 ☐ Never Married 2X Merrled 1 Ves 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 10 TRUCK DRIVER PRIVATE 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) JOHNNY KIRKSEY ESSIE NESBITT 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) JEAN KIRKSEY / WIFE 6710 CONWAY AVE TAKOMA PARK MD 20912 20b. Plece of Disposition (Name of cematery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata WXBurial 2 □ Cremetion 3 □ Removel from Stete HARMONY MEMORIAL PARK 4 ☐ Donetion 5 ☐ Other (Specify) 3-9-98 LANDOVER MD 21. Signetura of Funeral Service Licensea 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOMES 2617 PENN. AVE S.E. WASHINGTON DC 20020 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intarvel Batwaen Onset and Deeth Immediate Cause (Finel INFARCTION disease or condition resulting in death) Due to (or es e consequence of): Due to (or as e consequence ot) Due to (or as a consequence ot): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 ☑ Unknown

Physician /Medical Examiner

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To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified

by

Completed

Certification:

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P.O. Box 68760.

Records.

Division of Vital

Physician

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7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Mooical Examiner must be notified at

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permit. Pagas 1 and 2 should be file Department of Health and Mantal Hy Important: If Item 27 is marked oths any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Physician/Medical

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of causa of deeth?

1 Yes 2 No 26. Piece of Deeth (Check only one)

1 ☐ Yas 2 ☐ No

25. Wes case reterred to medical †KIYes 2□ No 27. Manner of Deeth

1- Naturel

2 Accident

3 ☐ Suicide

29a. Certifier

28e. Date of Injury (Month, Dey Year) investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Daacribe how Injury occurred

6 Could not be determined 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide

Location (Street end Number or Rurel Route Number, City or Town, State)

29b. Signeture end title of coming

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner steted. License number 29d. Date signed (Month, Dav. Year)

30. Name end eddress of person who 23a) (Type, Print)

31. Date filed (Month, Day, Year)

MAR 1 0 1996

5 Pending

State Registrar

MAR 10 SAM

				State of Ma	aryland / De	epartment of F Certificate of	Health and Death		giene 9 8	09657
	Dharis		1. Decedent's Name (First, Middle, La	ist)				2. Date of De		3. Time of Death
	Physic /Medi		WILLIAM JAMES	S KELLY				MARCI	16	1998 4:45 PM
9	Exami		4e. Fecility Name (If not institution, give			1		or Location of Deet		
L		,	DOCTORS COMMUI			(41)	Lanha			ce George's
	Funeral		5. Sociel Security Number 6. S	Sex 7.Age 1⊠XM 2□F	(In yrs. last birtho	Months Days		lin. (Month, De	y, Year)	Birthplace (State or Foreign Country)
_	Director		252-46-6377 Usual Residance of Decedent		65 Yr			June 29,	1932	Thomasville, GA
	M M		10a. State 10b. County		10c. City, Town o	r Location				10d. Inside City Limits
	Me A	ctor	Maryland Prince G	George's		Upper Mar	lboro			1⊠Yes 2□No
	death with the Maryland ms 23e or 25e-f show cmat be notified at	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Country?
	Foath w		11113 Winsford Av	T			774			States
		Funeral	11. Marital Status	12. Was Decadent E Armed Forces?	ever In U,S.	 Was Decedent of I If Yes, specify Cub 	tispanic Origin? an, Mexican, Pu	(Specify Yes or No lerto Rican, etc.)	- 14. Rec	ce - American Indian, ck, White, etc.
120	ours ath	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	11 105, CIVE	0 8/2/70-	1 105 ZULNO	Specify:		Specify	
9	72 hours after natural", or its dicat Examina	be	15. Decedent's E	ducation	10/31/73 16a. De	cedent's Usuel Occur	pation		16b, Kind of B	Black usiness/industry
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Ħ			4 □ Donation 5 □ Other (Specifical Service Licer		Maryland	National Men 22. Name and Addre		r.K	Laurel,	MD
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	_		234 Part1. Enter the disease, or com	plications that caused	the death. Do not					Approximata
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Sec.	8 C	du								of death?
al F	The ate							10	Yes 2 No	1 ☐ Yes 2 ☐ No
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of Vital Records,	를 를 급	. To	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 U Inpatier		tient 3L DOA		Home 5 Resident	dence 6 Oth	
Ou	ding h. After fune	tlon	1 Natural 5 Pending 2 Accident Invastigation	28a. Date of Injury (Month, Day	Year) Inju	y Wo	rk? Yes 2 □ No	200. Describe	10W Injury Occur	180
Division	l or Attending after death. Director: After I in by the fune	fica	3 ☐ Suicide 6 ☐ Could not b	e 28e. Place of Injur	ry - At home, farm	street, factory, offica				per or Rural Route Number,
á	s after s after t Direct d in by	Certification:	4 Homicide	building, etc.	(Specify)			City or To	vn, Stete)	
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/	1111		A feen &	Run			446		3/9	148
1	2/1/0		30. Name and address of person who seems of the year S.	completed causa of da Remser	ath (Item 23a) (Ty	pe, Print)	ue bo	ed 10	10 6 00	MD 20706
10	-SA	10	31. Date filed (Month, Day, Year)	32 Registrar	0.70	9 0001 2	- VOIC /	-4 -4	nnum	11.5 20106
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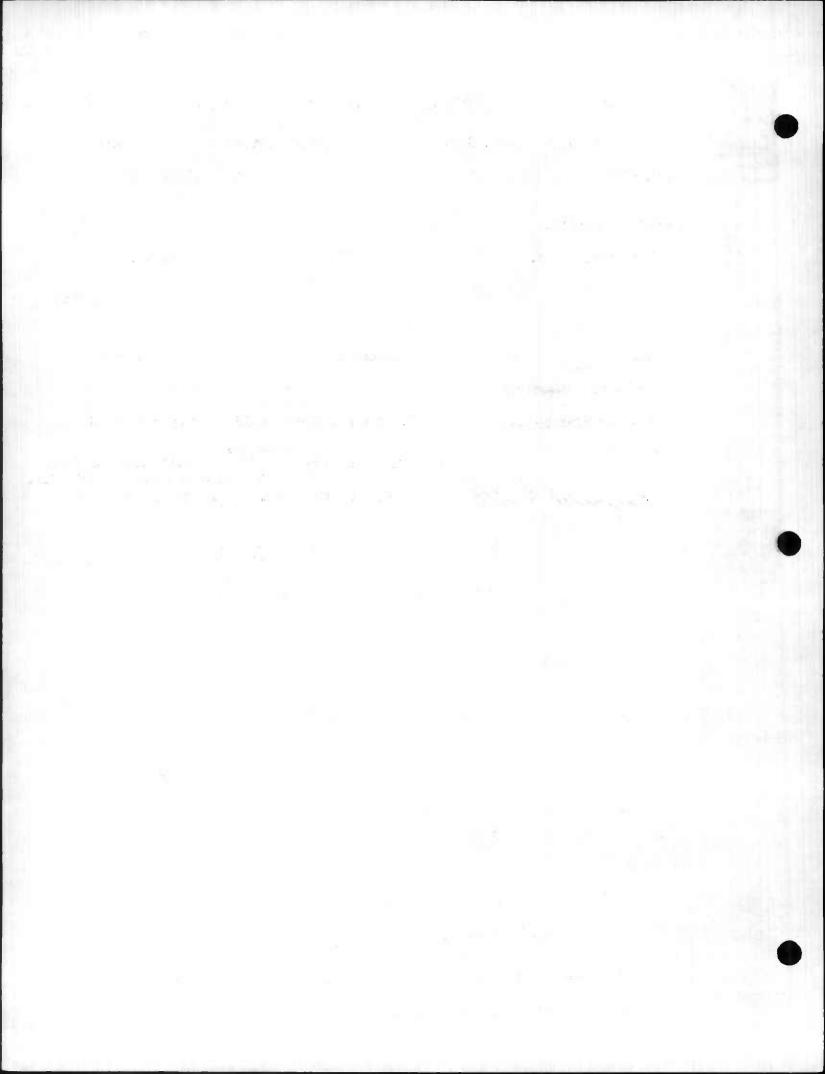
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State of Maryland / Department of Health and Mental Hygiene

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	dend w		10e. Stata 10b. County		10c. City, Tov	vn or Lo	cation						10	0d. Inside City Limi	its
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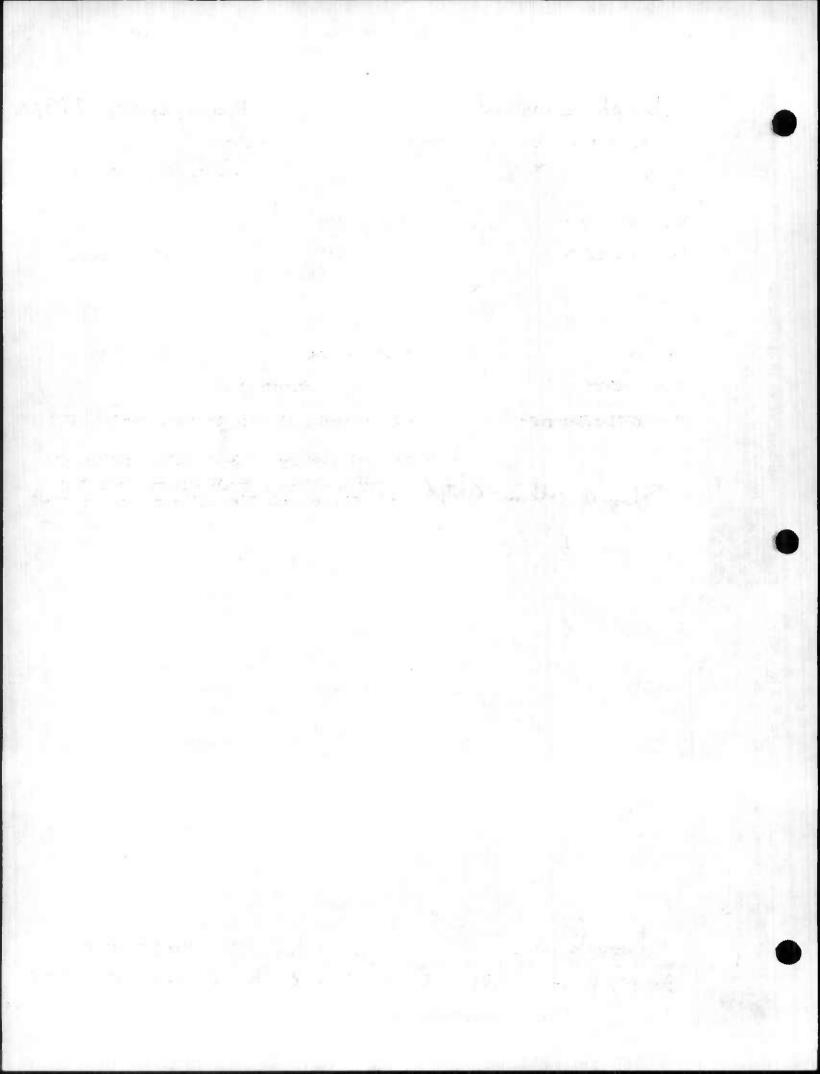


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Depertment Important: I any injury o		21. Signetura of Funaral Sarvice Lice	llino-C	Oth	6 Hai	lama and Addra	ss of Fecility Vitzke's	Family	Funeral	Home,	Inc.
Made dictain the product of the prod	Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	b. premi	Due to (or	as a consequa as a consequa as a consequa	nce of):	ingus			V	nonth
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within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	Certification:	1 Natural 5 Panding 2 Accident Investigatio 3 Sulcide 6 Could not b 4 Homicide detarmined	e 28e. Place of in		Injury		k? Yas 2□No	28f. Location	(Streat and Numb		loute Number,
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within To the comple	Me	29b. Signetura and title of partitler	N A			29c. Licens			29d. Deta signa		
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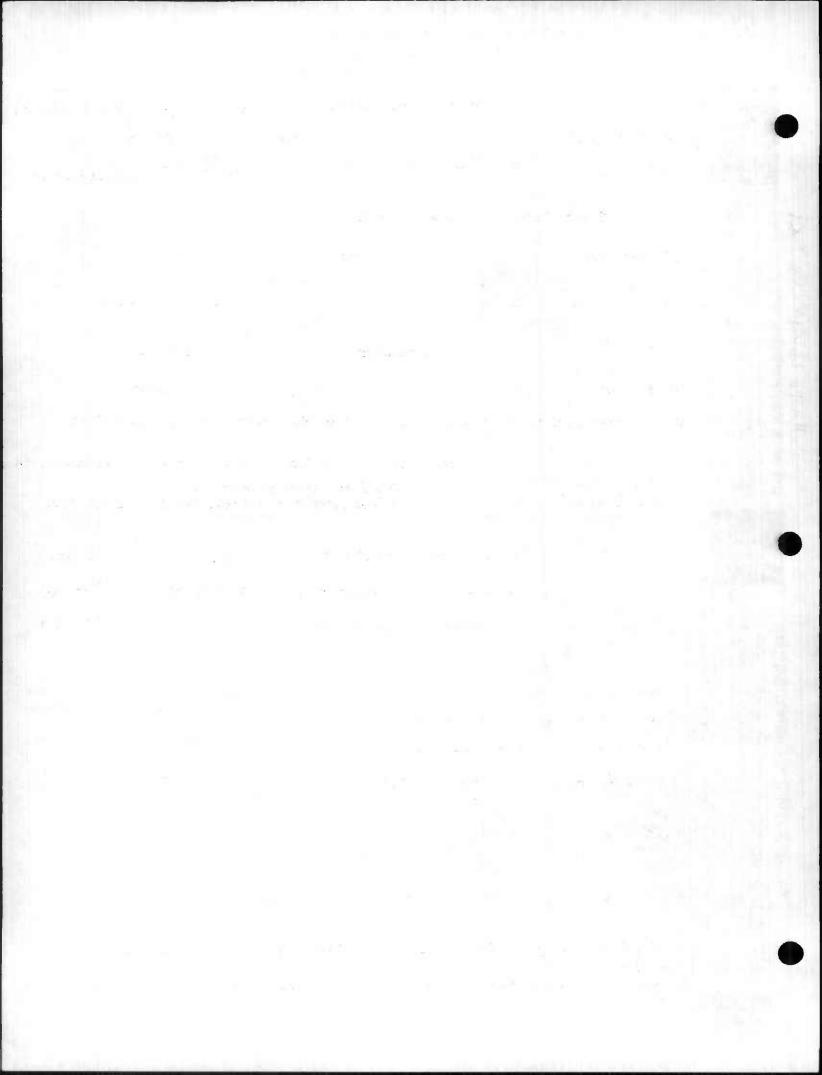


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the Maryland	tor	Usuel Residence of 10a. State	10b. County	e George		ty, Town or L		on			1			0d. Inside City Limits 1 🛱 Yes 2 🗆 No
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Sta	4.0	30. Name and address AUDVOS 31. Date filed (Mont	C. LA	ren, m		no 1.		n -	5010	an'	es.,	MAN	M) भग्य

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -3. Tima of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Death Month Jean :53 PM 3 4 98 4b. City, Town, or Location of Daath 4a Facility Nama (If not Institution, give street and number) 4c. County of Death ERCY CENTER MEDICAL BAHimore If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) 251-9654-7 Months Days 1 M 2 M 45 Yrs. Usual Residence of Decedant 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21239 U. S. 1227 Linworth Ave Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-lt Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14 Pace - American Indian 11. Marital Status Black, Whita, atc. 1 Nevar Marriad 2 Married 1 Yas 2 No It Yes, Give Year or Detes: 1□Yes 2☑No Specify Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Dispatch Cler 12Th 18. Mother's Nama (First, Middla, Maldan Sumama) 17. Father's Name (First, Middle, Last) FLORINE Mc Fadden Lugene Lower 19a. Intomant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Linworth Ave Balto-MD 21239 20c. Location - City or Town, State Ballo MD 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Dete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 1 Burial 2 Cremetion 3 Hemoval from State 4 Donation 5 Tothar (Specify) Entombrent Arbutus Memorial 19/98 1101 Sulphur Spring Rd 21. Signatura of Funaral Service Licensee Secondar Coles Tri-State F/S 6234 3rd ST N.W. Washington 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Approximate Interval Between Onsat and Death Immediate Cause (Final diseasa or condition resulting in death) 8.6.97 Due to (or as a consequence of) Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Ware autopsy findings evailable prior to 24a. Was an autopsy performed? completion of causa of death? 1 Yas 2 No 1 Yas 2 No 25. Was case reterred to medical exaginer? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of 1 Matural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accidant 3 Sulcide 28e. Place of Injury - At home, term, street, factory, office building, etc. (Specify)

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Physician

/Medical

Examiner

Director

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7 is marked other than "natural", or itema 23a or 28a-f ahow traumatic event, the Med cal Examiner must be notified at

permit. Pages 1 and 2 should be filled within 72 hours after Department of Health and Mentel Hygiena. Important: If Item 27 is marked other than "natural", or ite

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Baltimore, Maryland 21215-0020

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29a. Certifier

6 Could not be

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signaluse and title of conflier

29c. License number

29d. Dete signed (Month, Day, Year)

30. Name and address of parson who completed cause of death (Itam 23a) (Type, Print)

PARSHAN. S. SALVIA 1680 W. MOUNT Ryd Ave, Balto 2 1217

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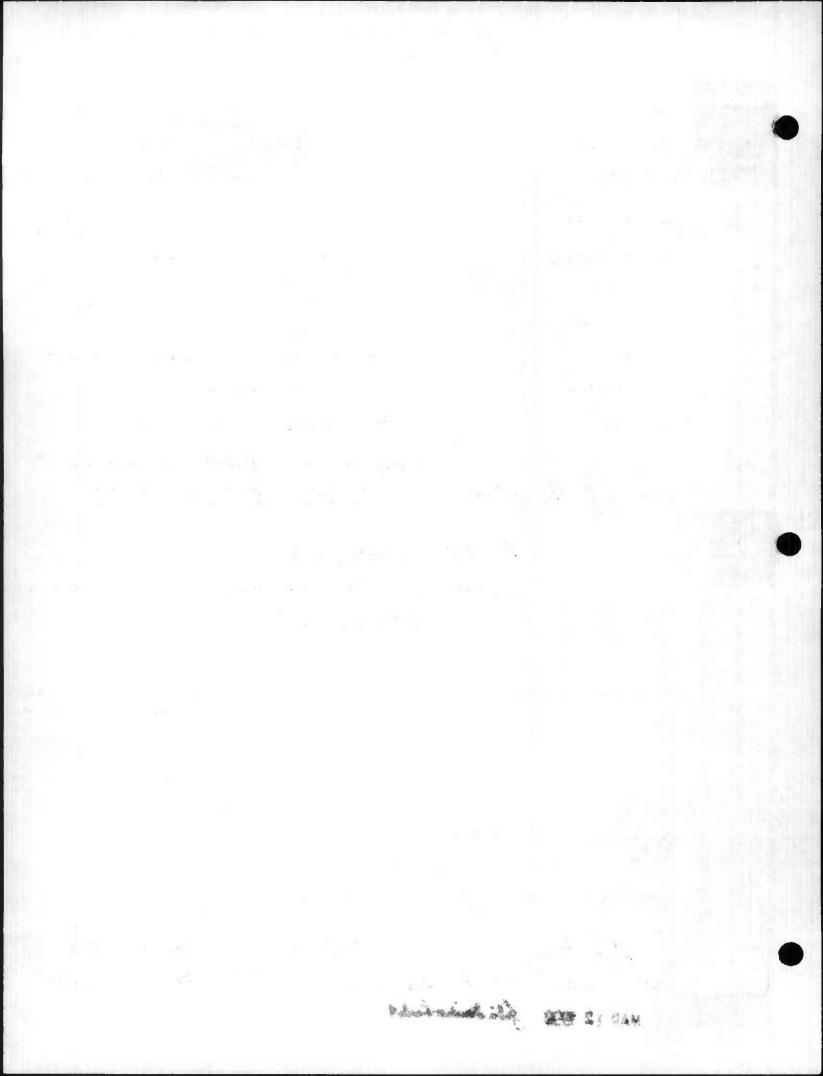
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle | Last) 2. Date of Deeth **Physician** Month 1998 Rose C. Lyons March /Medical 1:44 am 4e. Fecliity Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 7215 Procopio Circle Columbia Howard If Under 1 Yeer | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□ M 2以 F Yrs 215-44-3791 Director 86 Sept. 25, 1911 Washington, DC Usual Rasidance of Decedant 10a, Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at 1 ☐ Yas 2 ☐ No Director Maryland Howard Columbia 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? items 23a 7215 Procopio Circle U.S.A. 21046 deeth Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 14. Race - Amaricen Indian, Black, Whita, etc. Wes Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) e filed within 72 hours after all Hygiane. 1 □ Yas 2 No If Yas, Giva Year or Detes: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: by Specify: 3 X Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) Auditing Assistant Federal Government 12 permit. Pages 1 and 2 should be file.
Depertment of Haaith end Mental Hyg.
Important: If Item 27 is marked other
any injury or other traumatic event, is 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnema) Be John Urquhart Cannon Emma 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Marie Dorsey - Daughter 21046 7215 Procopio Circle, Columbia, Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Deta 1 XBunal 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 3/14/98 Washington, DC Mt. Olivet Cemetery 21. Signatura of Funaral Service Licensea 22. Nama and Address of Fecility Thompson Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 Entar tole diseasa, or complications that ceusad the deeth. Do not antar the mode of dying, such as cerdiac or respiretory arrast, or haeri failure. List only one ceuse on each line. Onsat and Death **Physician** BRONCHO PNEUMONIA /Medical Immediate Cause (Final Ghe Week disaasa or condition rasulting in death) Examiner Due to (or as a consequence of):

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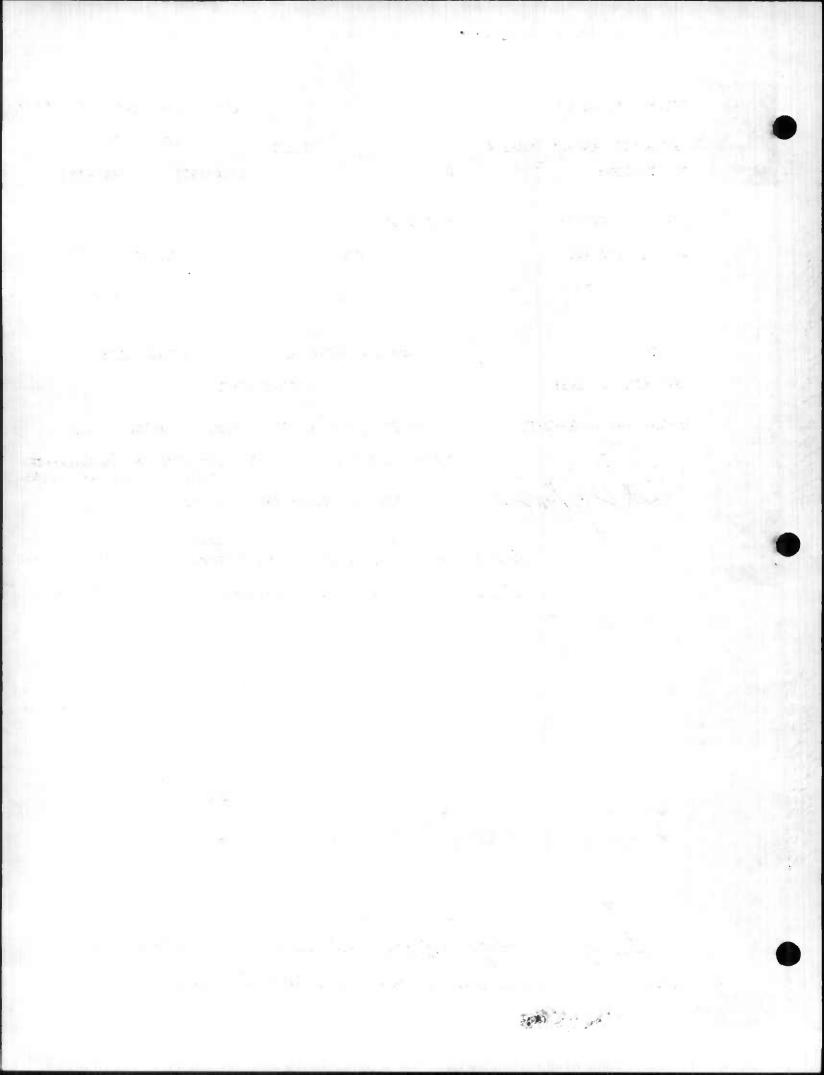
Dua to (or as a consequence of): Physician/Medical Examiner FIVE YEARS the death certificeta be executed physician and the burief-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarfying Cause (Disease or injury that Initiated avents resulting in daath) Last ENCEPHALOPATHY Records, P.O. Box 68760. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? Completed completion of causa of deeth? page 2 s 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes cesa rafarred to medicel axaminar? 26. Placa of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural
2 Accidant 5 ☐ Panding death. 1 ☐ Yes 2 ☐ No invastigation Director: A 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 24 hours after die Funerel Direct plately filled in by 4 Homlcida Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and menner steted. 29a. Certifiar complately (Check only one) To the To the To the I 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 3229/0 NARCH, 1111, 1998. 30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) 4700 BERGYN HOUSE RD, COLLEGE PARK M) 20745

State Registrar

31. Dete filed (Month, Day, Year)



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And the second s

Please Type or Print in Black Indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 09665 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth Mikkelsen March Paul 10:45 PM 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Hospital Prince Regional George's Laurel 5. Social Security Number If Under 1 Yaer | If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) Deys 1⊠M 2□ F Hours California Yrs. 566-32-6652 67 Usuel Rasidance of Dacedan 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8440 Snowden Oaks Place 20708 USA 12. Was Dacedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, etc. 11. Maritel Status Amed Forcas? 1 X Yes 2 □ No If Yes, Give Yaar or Detas: 1951–64 1 ☐ Nevar Married 2 X Married 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: White 15. Decedant's Education (Spacify only highest grada complated) 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) Software Programmer Aerospace 17. Fether's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumame) Paul Wesley Mikkelsen Mildred Mathe 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 8440 Snowden Oaks Place, Laurel, Maryland 20708 Catherine S. Mikkelsen/spouse 20a. Mathod of Disposition Placa of Disposition (Nema of camalary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 XCremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Spacify) 3/7/98 Metro Crematory, Inc. Catonsville, Maryland 22. Nama and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Pert1. Enter the divide e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart harden. List only one cause on each line. Approximata Intervel Between Onset and Death MOUTHS Immediata Causa (Final disaasa or condition rasulting in death) GURGITAT Sequantially list conditions, if eny, leading to immadiata causa. Entar Undarlying Cause (Disaase or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): Due to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Unknown 24b. Wara autopsy findings availabla prior to completion of causa of deeth? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa referred to madical 26. Placa of Daath (Chack only one) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Phopatiant 2 □ ER/Outpetient 3 □ DOA 27. Mennar of Death 28d. Describe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of

Physician /Medical **Examiner**

Physician

/Medical

Examiner

10a State

MD

Director

Funeral

δ

Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Modical Examiner must be notified at

the Meryland

death

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hydiene. Important: If team 27 is marked other than "natural", or hanny Injury or other traum-etc.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records.

Division of Vital

Physician/Medical ò Completed Be 0

edical

1 Natural

2 Accidant

3 Suicida

29a, Certifier (Check only one)

4 - Homicide

physician and the burief-transit page 2 funeral Certification:

been signed by should be detec certificate hes Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica To the Hospital or within 24 hours e To the Funeral D

20

State Registrar 29b. Signature end title of certifier 30. Name and address of person who domplified cause of death (ttem 23a) (Type, Print) DANIEL

5 Panding

invastigation

6 Could not be datarminad

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

29c. License number D 42110

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as stated.

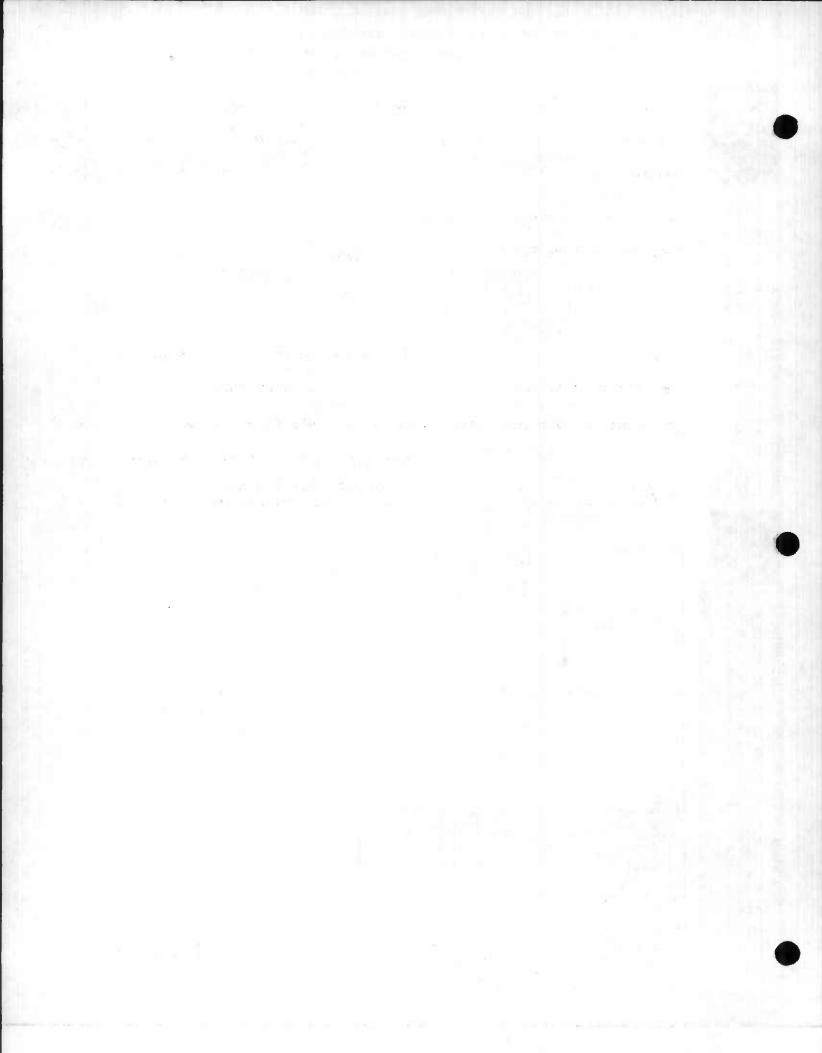
2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year)

28f. Location (Street end Number or Rural Routa Number, City or Town, State)

LEDNARD GRIFFEN III. 15225 SHOOY GROVE PORD POUNTLE, MARYUND 20850

31. Dete filed (Month, Day, Year) 32. Registrar's Signature MAR 0 9 1998

Julia Davidson-Randoll



7. Age (In yrs. last birthday)

85

State of Maryland / Department of Health and Mental Hygierie Certificate of Death

[V]	A	K	Y			
		_	_	-	_	

MORRISON

98-0741-027

1. Decedent's Name (First, Middle, Last) MARY H. MORRISON

2. Date of Death 3. Time of Death 15,1998

Physician /Medical **Examiner**

4a Facility Name (If not institution, give street end number) 3000 NORTHRIDGE ROAD

FEBRUARY 4b. City, Town, or Location of Deeth 4c. County of Death

5:30A.M.

Funeral Director

r 28a-f show

? Is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be

permit. Pege Depertment o Important: If I

Physician /Medical

Examiner

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page 2 certificate has

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After this funeral

after deeth Director:

the deeth certificate be executed

Records, P.O. Box 68760,

Division of Vital

Physiclan:

Hospital or Attending

Examiner

Physician/Medical

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Certification:

Medical

Baltimore, Maryland 21215-0020

Directo

Funeral

by

Completed

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1□ M 2X F 159-07-0254 10e State

ELLICOTT CITY If Under 24 Hrs. 8. Date of Birth (Month, Dev. Year) Months Days Nov 13, 1912

HOWARD COUNTY Birthplace (State or Foreign Country) Pennsylvania

Usuel Residence of Decedent Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland nent of Health end Mentel Hygiene.
Instit if tem 27 la marked other than "natural", or items 23e or 28e-f ahow mix! if item 27 la marked other than "natural", or interest to notified at my or other traumatic event, in a Medical Exercise mans to notified at

Maryland

10b. County Howard 10c. City, Town or Location Ellicott City

Yrs.

10d. Inside City Limits 1 ☐ Yes 2 ₺ No

10e. Street and Number

5. Social Security Number

10f. Zip Code

1 ☐ Yes 2√2 No

10g. Citizen of What Country?

3000 North Ridge Road

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 230 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married

21043 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify

United States 14 Rece - American Indien Black, White, etc.

3 Nidowed 4 Divorced

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired)

White 16b. Kind of Business/Industry

Elementary/Secondary (0-12)

Homemaker

Own Home 18. Mother's Name (First, Middle, Maiden Surname)

17. Fether's Name (First, Middle, Last)

Margaret Naegel

Raymond Hackett

19a. Informant's Neme/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Megan Morrison/Granddaughter 20a. Method of Disposition

20b. Place of Disposition (Name of cemetery, crematory or other place)

7703 Woodshade Court Fairfax Station VA 22039 20c. Location - City or Town, State

1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Metro Crematory

2-16-98 Catonsville, MD

21. Signature of Funeral Service Licensee

-Wh Helms 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

22. Name and Address of Feoility Harry H. Witzke's Family Funeral Home, Inc. 4112 Old Columbia Pike Ellicott City, MD 21043

Immediate Ceuse (Final disease or condition resulting In death)

Due to (or as a consequence of)

Approximate interval Between Onset end Death

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest

Due to (or es a consequence of)

Due to (or es a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No

24b. Were autopsy findings evailable prior to 24a. Was en autopsy

completion of cause of death?

1₽ Yes 2□ No 26. Piece of Death (Check only one)

Yes 2 No

25. Was cese referred to medical examiner? 1 X Yes 2 □ No

5 Pending investigation

6 Could not be determined

Hospital:

28a. Date of Injury (Month, Day Year)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of 28c. Injury at Work?

28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Manner of Death

1 Natural 2 Accident

3 Suicide

4 Homloide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and little of certifie

29c. License number

O.C.M.E.

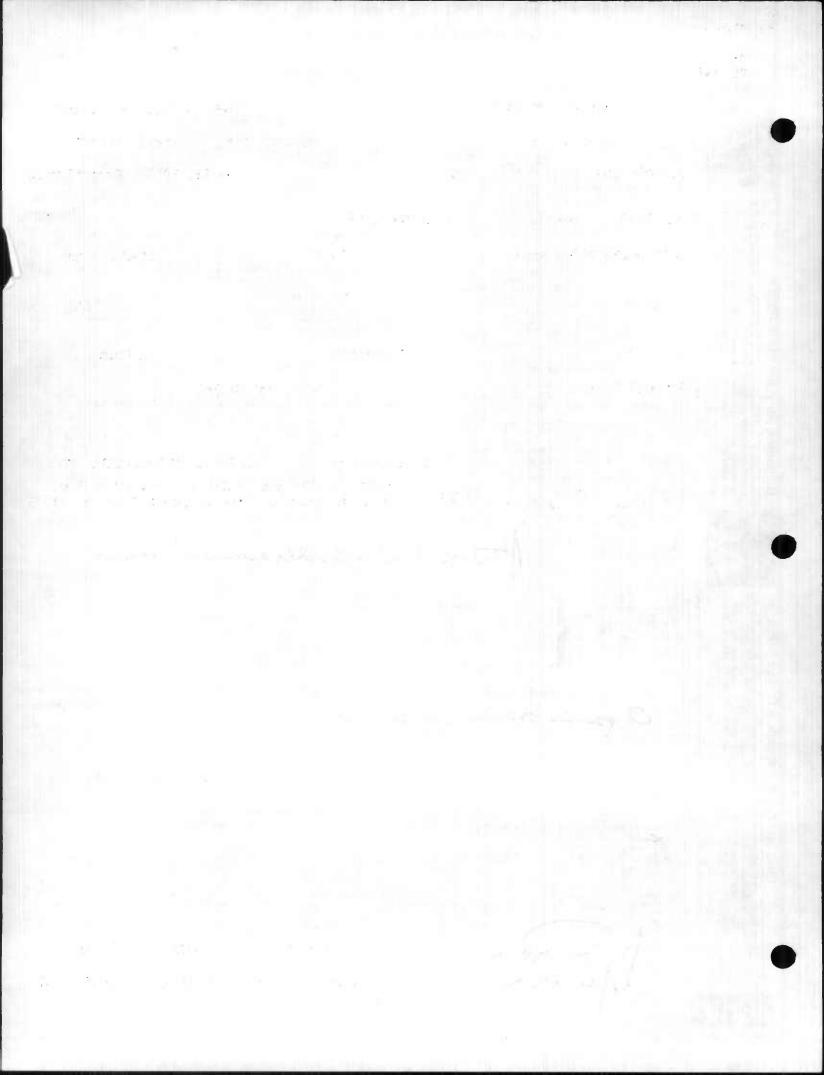
29d. Dete signed (Month, Dey, Year) FEBRUARY 16,1998

30. Narp6 person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

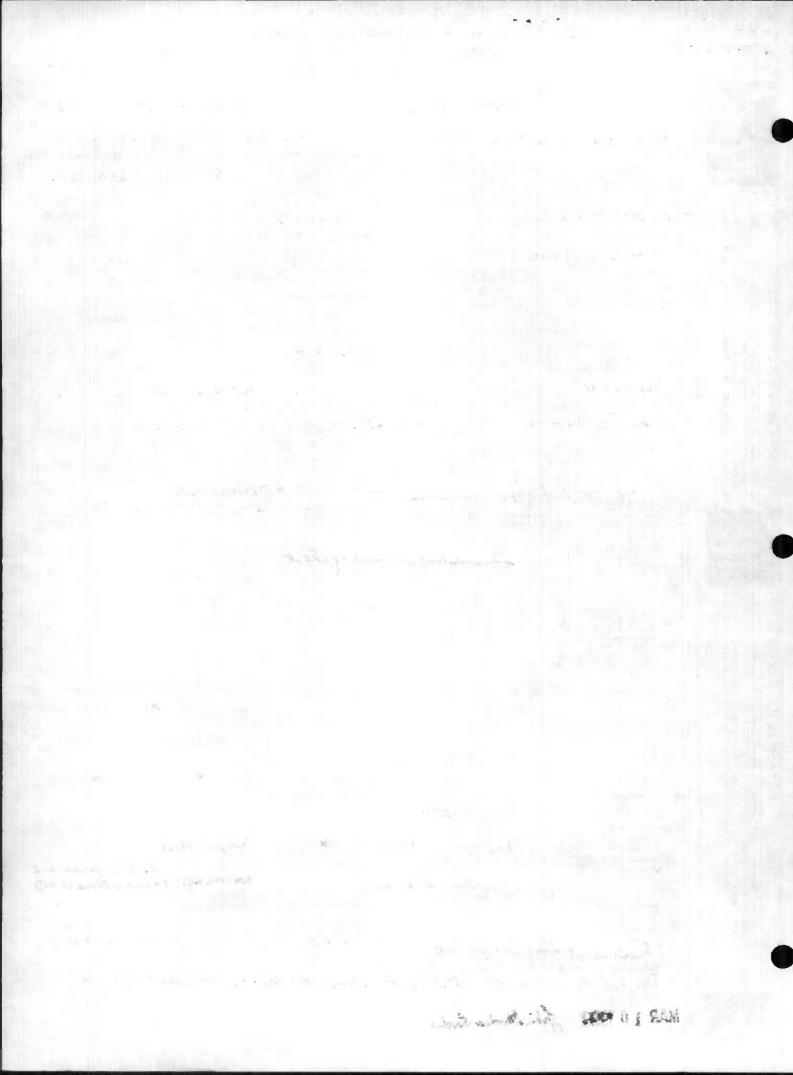
Registrar

MOXIGIN 32. Registrar's Agnature Rawall



State of Maryland / Department of Health and Mental Hygiene Q 8 0 0 6 6 7

Decedent's Name (First, Middle Facility Name (If not institution PRINCE GEORGE Social Security Number 417-50-7933 sual Residence of Decedent Da. State 10b. County Prince De. Street and Number 1005 Chillum I. Manital Status	Robe give street and numb S HOSPITAL	CENTE Age (in yrs. 56	SR .			own, or Lo	2. Data of Deat Month MARCH cation of Death	6, 199 4c. County	8 1	Time of Death 918 PM
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sual Residence of Decedent Da. State 10b. County Daryland Prince De. Street and Number 1005 Chillum			Yrs.	Months Da	aar If Unde	or 24 Hrs. Min.	8. Data of Birth (Month, Day,	Year)	9. Birthplace Country)	(State or Foreign
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aryland Prince De. Street and Number 1005 Chillum	e George's		y, Town or L	ocation					10d in	nside City Limits
De. Street and Number	ocorge b	100.00.	,,		attsvi	110				¥ Yas 2 No
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(Specify only higher	f grade completed)		(Give	e kind of work do	ne during mo	st of worki	ng	100. 1000 01 0	031103371100311	
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	Eugene May 9e. Informant's Neme/Relations! Gena May/Daug 1a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (Sp. 1. Signature of Funeral Service Interpretation of Service Interpre	Pe. Informant's Name (First, Middle, Last) Eugene May 9e. Informant's Neme/Relationship (Type, Print) Gena May/Daughter 1a. Method of Disposition 1	Tather's Name (First, Middle, Last) Eugene May 9e. Informant's Neme/Relationship (Type, Print) Gena May/Daughter 1	Elementery/Secondary (0-12) 10th 7. Father's Name (First, Middle, Last) Eugene May 9e. Informant's Neme/Relationship (Type, Print) 10. Method of Disposition 11	Elementery/Secondary (0-12)	Rether's Name (First, Middle, Last) 18. Molt	Elementery/Secondary (0-12) College (1-4or 5-) Entrepreneur	Elementery/Secondary (0-12) College (1-for 5-4) Entrepreneur	Elementery/Secondary (0-12) College (1-for S+) Entrepreneur	Elementery/Secondary (0-12) 10th 15. Mather's Name (First, Middle, Macker Surame) 15. Macker Surame, Name (First, Middle, M



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Physician										2. Date of Dea Month	Day	Yea	
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		Usual Residence of Deceden											
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netified rector		Maryland Pri	ince	George'	s I	Hyattsv:	ille						1 ☐ Yes 2
be notified Director		10e. Street and Number					10f. Zip	p Coda			10g. Citizan	of Whaf	Country?
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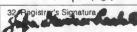
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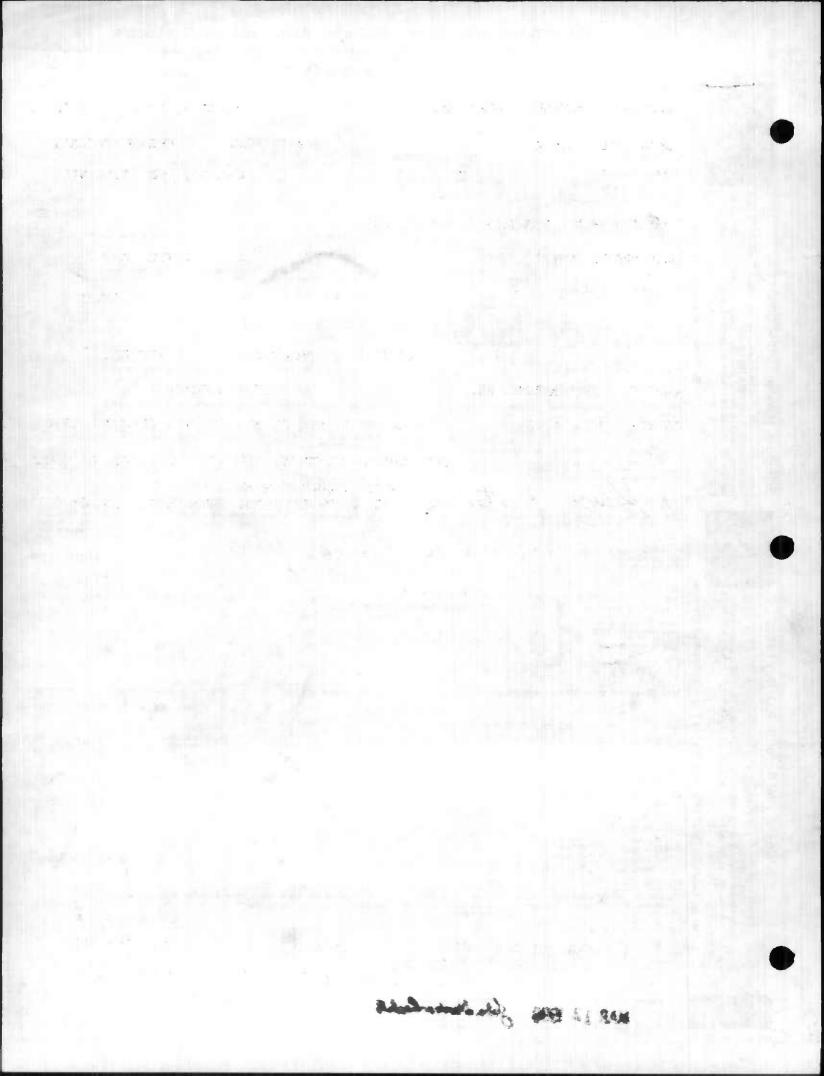
State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED#23a.PART 1. PER DOC PGC 3-12-98 cr 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** MARCH 7, HARRISON VANTINE MERCER, SR. 1998 8:30 PM /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner 5410 UPSHUR STREET BLADENSBURG PRINCE GEORGE'S If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** 18 M 2□ F Months Days Hours Min Yrs. Director 223-26-5051 AUG. 30, 1924 VIRGINIA Usual Rasidance of Dacedant with the Meryland 10a Stata 10b. Count 10c. City. Town or Location 10d. Insida City Limits notified at 1 Yes 2 No Directo MARYLAND PRINCE GEORGE'S BLADENSBURG 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code 7 is merked other than "natural", or items 23s or traumstic svent, the Madical Examinar must be 5410 UPSHUR STREET 20710 UNITED STATES Pages 1 end 2 should be filed within 72 hours effer deeth value of Health end Mental Hygiene. Funeral --12. Was Decedant Evar in U,S. Amned Forces? 1 ⊠ Yes 2 □ No If Yas, Giva Year or Datas: 13. Was Decedant of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Reca - Amarican Indien, Black, Whita, atc. 11. Maritel Status 1 Navar Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: WHITE à 3 Widowed 4 Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 4 MAINTENANCE SUPERVISOR UNIVERSITY 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Sumama) Be CHARLES HARVEY MERCER, SR. MARY SUSAN ROBINSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SYLVIA MERCER, WIFE 5410 UPSHUR STREET, BLADENSBURG, MARYLAND 20710 20b. Place of Disposition (Nama of cematary, crametory or other place) 20c. Location - City or Town, Stete 20a. Mathod of Disposition Data 1 ABurial 2 Cremetion 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 3/11/98 FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND 22. Nama and Addrass of Fecility 21. Signature of Fugerel Sarvice Licensae FORT LINCOLN FUNERAL HOME ash 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722
Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate 23a. Pam. Enter the disease, or complications that caused the doubt shock, or heart failure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** · metastatic carcinoma of Livez Immediata Causa (Final diseasa or condition rasulting In death) /Medical Unknown **Examiner** Dua to (or as a consequence of): Examiner Unkhown certificate be executed physician end the bunal-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury Dua to (or as a consaguance of): P.O. Box 68760 Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consequence of) 80 987 23b. Did tobacco use contributa to the causa of death? signed by the 6 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Records, P 24b. Wara autopsy findings available prior to 24a. Was an autopsy Completed complation of cause of deeth? certificate hes b irector, page 2 s The 1 Yas 2 No 1 ☐ Yas 2 No Division of Vital 25. Was casa refarred to medical axaminar? Be 26. Placa of Death (Chack only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) To 1 Yes 25 No this funeral 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Menner of Death 28b Time of 28c. Injury at Work? Certification: After 1 Natural 5 Panding invastigation 1 Yas 2 No death. 2 Accident after deat Director: 6 Could not be detarmined a 24 hours after dea we Funeral Director cletely filled in by the Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide 6 TX Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date end piece, and dua to tha causa(s) end mannar es stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at tha tima, data and place, and due to the cause(s) and mannar statad. 29a. Certifiar Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29c. Licanse number 29b. Signatura end title of certifier 30. Nama and eddrass of person who completed causa of daath (Itam 23a) (Type, Print) AVE #T-1. LAUREL, MD 20707 R. G. BHOJRAJ.M.D. 704 GORMAN AVE #T-1. LAUREL, MD 20707 32 Registrar's Signatura 31. Data filed (Month, Day, Year) State

Registrar

MAR 12 199





WRC 98-1414-033 FREDERICK MANLEY JR.

> Physician /Medica Examine

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinating must be notified at engage.

Physician /Medical Examiner

To the Mospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attanding physician and completely filled in by the funeral director, page 2 should be datached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible

1. Decedent's Name	e (First, Middle	e, Last)		/98 r 66 e			2. Date of D	Reg. No.		3. Time of Death
		MANLEY,	.TR.				Month MARCH	Day 13, 1	Year	11:30 AM
la Facility Name (I						4b. City, Town, or	_		ounty of De	
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. Social Sacurity N	lumber	6. Sex	7. Age (In yr	s. last birthday)	If Undar 1 Yaar	r If Under 24 Hr	s. 8. Date of Bi			irthplace (State or Forei
214-51-9	310	№ 2 F		Yrs.	Months Days	nours Mil	NOV. 3	0, 199		SHINGTON, D
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	10b. County									10d. Inside City Limi
MARYLAND		E GEORGE	S L	ANDOVER				40 Citina	n of What C	21
0e. Street and Nur					10f. Zip Code					
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1 X Navar Marri	ied 2 Marr	Armed F	orces?	0,0.	If Yes, specify Cut	ban, Mexican, Pue	rto Rican, etc.)		Biack, Wh	
3 Widowed		If Yes, G Year or I	ive -		1□Yes 2风No	Specify:		S	pecify: B	SLACK
	15. Decedent	t's Education		16a. Dece	edent's Usual Occu	pation		16b. Kind	of Busines	s/Industry
(Spec		st grade completed, Coilege	(1-4or 5+)	(Give	e kind of work done DO NOT use retire	e during most of wi ed)	orking			
0	outy (or te)	0		N/A				N/	A	
7. Father's Name ((First, Middle,	Last)				18. Mother's Na	ame (First, Middle	e, Maiden Su	umame)	
FREDERIC	K M. M	ANLEY, SF				ROXANN	L. ADKIN	IS		
9a. informant's Na	ame/Relations	hip (Type, Print)		19b. Maiii	ing Address (Stree	et and Number or F	Rural Route Numb	ber, City or 1	Town, State,	Zip Code)
REDERICK	M. MA	NLEY, SR.			FARRAGU	T STREET	, LANDOV			
0a. Method of Disp		3 Removel from	1		osition (Name of ematory or other pla	ace)	Date	20c. Loca	tion - City o	or Town, State
4 Donation			_	ORT LIN	ICOLN CEM	ETERY	3/20/98	BREN	TWOOD	, MARYLAND
*Xu	neral Service	Du	1106	1) 3 H	2. Name and Addr FORT LINC 3401 BLAD	ress of Facility COLN FUNE ENSBURG	RAL HOME	E ENTWOO		20722
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State Registrar 31. Date filed (Moleth, Day, Year)

32 Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of the March 14, Day 1998 **Physician** 3:25 AM Marion Catherine Moore /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Center Clinton Prince George's 5. Social Security Number 212 66 3018 7. Age (In yrs. last birthday) If Under 1 Yaar | If Under 24 Hrs. | Months Days Hours Min. 6 Sax Funerai Birthplace (Stete or Foreign Country) 1□XM 2□ F 83 Yrs. Director July 21,1914 Maryland Usuai Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Insida City Limits Show r than "natural", or items 23a or 28a-f shorting Medical Examiner must be notified at Director 1 Yas 2 No MD P.G. Upper Marlboro 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6800 Woodyard Road 20772 United States Funeral death 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yes 23 ☐ No If Yes, Give To Year or Datas: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Infortant: if item 27 is marked other than "natural", or iter important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinations. 1 Never Married 21 Married altimore, Maryland 21215-0020 1□ Yes 2□No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 9th 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) Herman E. Moore Regina Windsor 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Richard O. Moore 6800 Woodyard Road , Upper Marlboro, Md 20772 20b. Piace of Disposition (Name of March 18, 1998) 20a. Method of Disposition 20c. Location - City or Town, State 1 Bunal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Epiphany Episcopal Cemetery Forestville, Md 22. Name and Addrass of Facility Lee Funeral Home, Inc 6633 Old 21. Signatura of Fuperal Service License Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one ceuse on easy line. **Physician** /Medical Immediate Ceuse (Final HEART disaasa or condition rasulting In death) Examiner Due to (or es e consequence of) Examiner SPIRATORY buriai-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last and certificate be exec P.O. Box 68760, physician Physician/Medical the use as 01 Part II. Other alignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, ģ 24e. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of causa of death? Completed 1 Yes 2 No 1 Yes 2 No Division of Vital Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) examiner? Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) After this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death To the Hospital or Attending Pl within 24 hours after death. To the Funers! Director: After th completely filled in by the funeral 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending investigation 1 Anatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and piaca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signature and title of confine 29c. License number 29d. Data signed (Month, Dey, Year) 1)24644 March 15, 1998 30. Name and address of p o completed ceuse of death (item 23a) (Type, Print)

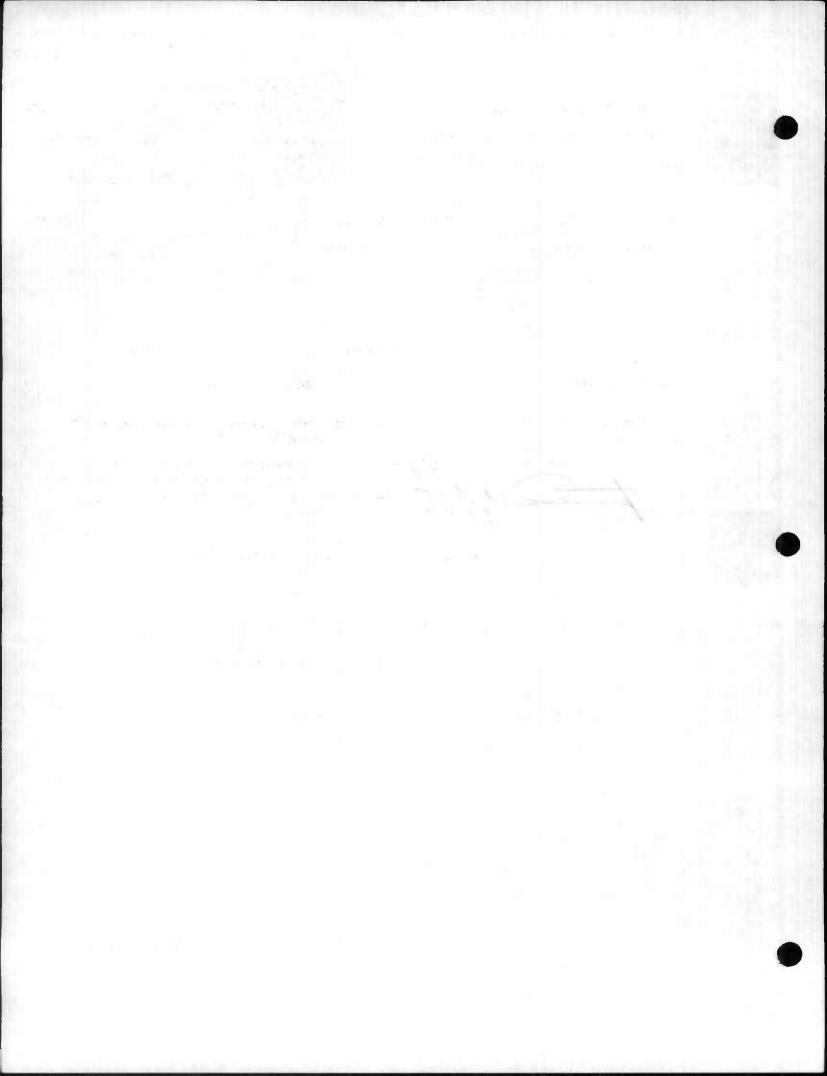
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32. Registrar's Signature

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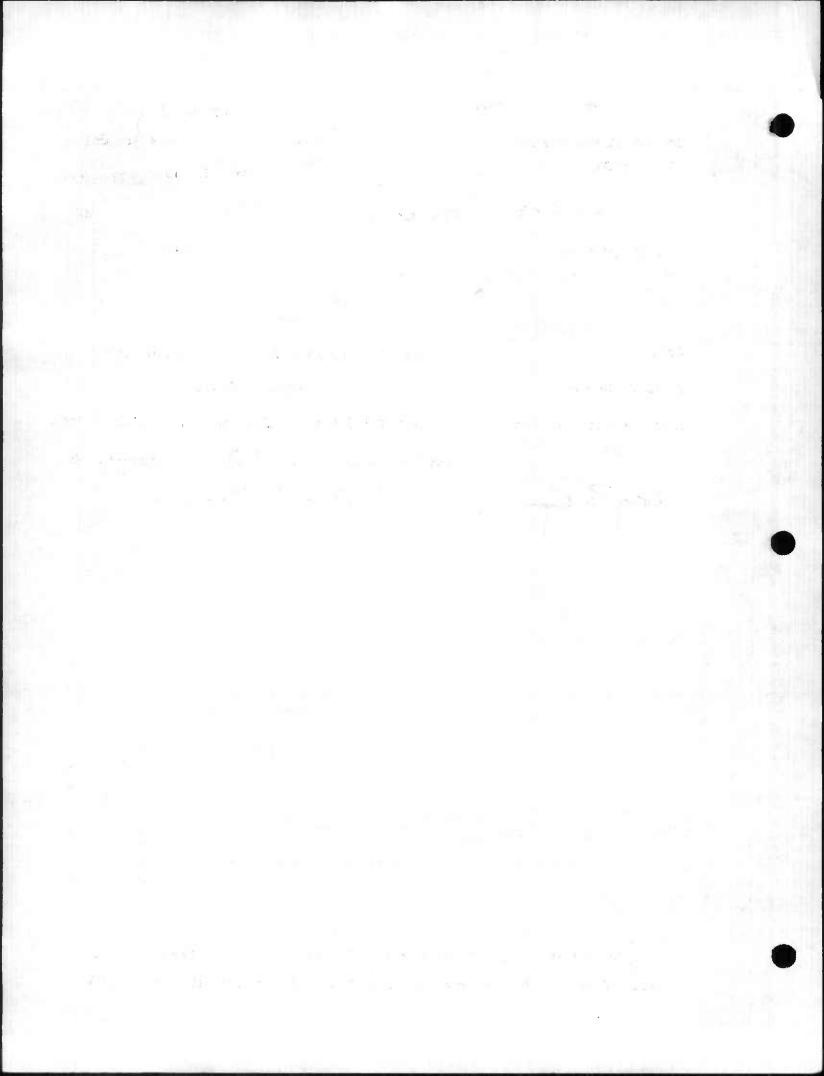
31. Date filed (Month,

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mar	-	Certifica					Reg. No.	9 0	967	2
	Physici	ian	1. Decedent's Name (First, Middle, La	•						2. Date of De		Year	3. Time of I	Death
	/Medi			F. Neuman						March	6, 1998		7:30	am
در	Examir	ner	4a. Facility Nama (If not institution, give					4b. City, To Glen		cation of Death			301	
-	Funeral		Country Grove est		in yrs. last birth	day) If Und	ler 1 Year				Anne			r Foreign
1	Funeral Director			1MM 2□F 88	Yı	Month	s Days	Hours	Min.	8. Date of Bird (Month, Da Dec 27	, 1909		olace (Stete or otry) V York	7 Orengri
	and **		Usual Residence of Decedant 10a. State 10b. County	1	0c. City, Town	or Location						1	0d. inside Cit	by Limite
	Maryl Heho	tor	Md. Anne Ar	rundel	Glen Bu							'	Yes Yes	
	is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiena. Item 27 is marked other than "naturel", or items 23s or 28s-f show other treumatic event, the Medical Evantier, must be notified at	Funeral Director	10e. Street and Number			10f. 2	ip Code				10g. Citizen of V	What Cour	ntry?	
	s 23a	rai	7650 Third Avenue				2106				USA			
	Her de	Fune	11. Marital Status 1 ☐ Never Married 2 ☐ Married	12. Was Decedant Eve Armed Forces? 1 Yas 2 No	ar in U,S.	13. Was Dec	edant of I becify Cub	Hispanic Or ean, Maxica	rigin? (Spe in, Puarto i	cify Yes or No Rican, atc.)	- 14. Rac Blac	e - Americ ck, White,	an Indian, atc.	
Maryland 21215-0020	ol', or	by	3 ☑ Widowed 4 □ Divorced	if Yes, Give Yaar or Dates:		1 Tes	2 X X 0	Specify			Specify	v: Wh	nite	
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121	within than	Ідш	Elementary/Secondary (0-12) Grade 12	College (1-4or 5+)		‰. <i>во мот</i> lannin					Aerona	utio	51	
d 2	Hygid officer	Be Co	17. Father's Name (First, Middle, Lest)	F.	Laillilli	a rud	-		(First, Middle,	Meiden Surner		2.1	
/lar	Vental Vental rked tic ev	To B	Frank J. Neuman					Ali	ice M	. Davis	3			
lan	and le me		19a. Informant's Name/Relationship (Type, Print)		-					er, City or Town,		Code)	
	l and lealth m 27 ther tu		Ronald Neuman /	son					Gle		e, Mary		21060)
Jou	Peges 1 and 2 ment of Health a ant: If Item 27 li ury or other tre		20a. Method of Disposition 1 ☐ Burial 2 🛱 🗸 amation 3 ☐	Jramovai irom Stata	20b. Place of C cemetery,				M	arch 7	20c. Location -			
Baltimore,	교원관등		4 ☐ Donation 5 ☐ Other (Special 21. Signature of Funeral Sarvice Lice		Metro	Crema		ASS of Facil	•	1998	Catons	NITTE	e, Ma	
Ba	Deper Import		16rus K	~		Dona	ldsor	n Fune	eral	Home, E	A. 21, Md.	2070	07	
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O. E	the deeth cert y the attendin sched for use	Physician/M	Part II. Other significant conditions of	ontributing to death but r	not resulting in t	ha undarlying	cause gi	van in Pert	I.	23b. Dld 1	obacco use co	ntribute to	the cause of	f death?
Q	that the de led by the s detached		Dementia							10	Yes 2XXNo	3 Prof	bably 4 L	Jnknown
rds,	8 5 8	d by								24a. Was	an autopsy	24b. W	ere autopsy fir	ndings
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I Re	0 - 0	mo:								101	as 2 No	10	Yes 201	No
Vital		Be	25. Was case referred to medical examiner?	11			l au			(Check only o				
of		To To	1 ☐ Yes ♣CXNo 27. Menner of Death	Hospital: 1 Inpatient			JUA	her: 4 N			dence KOOth			
		tlon	1 Naturai 5 Pending 2 Accident invastigation	(Month, Day Y	(ear) 28b. Tin	ury M	28c. Inju Wo	rk?]Yes 2.∐		std. Describe r	low injury occur	iea	Living	g
Division	al or Attending Physical States death. I Director: After this of in by the funeral of	Certification:	3 Sulcide 6 Could not b	e 28e. Place of Injury	- At home, fam	n, street, facto	ory, office		2	28f. Location (S City or Tox	Street and Numb	er or Rura	l Route Numb	ber,
Ö	tal or of Dir led in	Cer	- Control Control	building, etc. (Specily)					Ony or 100				
	To the Hospital or Attending within 24 hours after death. To the Funerel Director: After completally filled in by the funerel or the funerel	edicai	29a. Certifier (Check only one)	ysician: To the best of miner: On the basis of ex and mannar stated	amination and/	death occurre or investigation	d at the ti	me, date er opinion, der	nd place, a ath occurre	and due to the ed at the time,	cause(s) and ma date and place,	anner as si and dua to	ated. the cause(s)	
	within 2 To the comple	Me	29b. Signatura and titla of certifiar	www.mennian.ord.or	-	2	9c. Licens	sa number			29d. Data signe	d (Month,	Day, Year)	
	n.		Donneto	m Jan	mm,	m	D238	811			March 6	5. 10	98	
	10		30. Name and address of person who	completed cause of deat	h (item 23a) (T									
			Jonathan Forman,			ain Hi	ghwa	y Gl	en Bu	rnie, M	Maryland	21	061	
	Sta Registr		31. Date filed (Month, Dey, Year)	32. Registrar's	Signature	n Bada	.00							



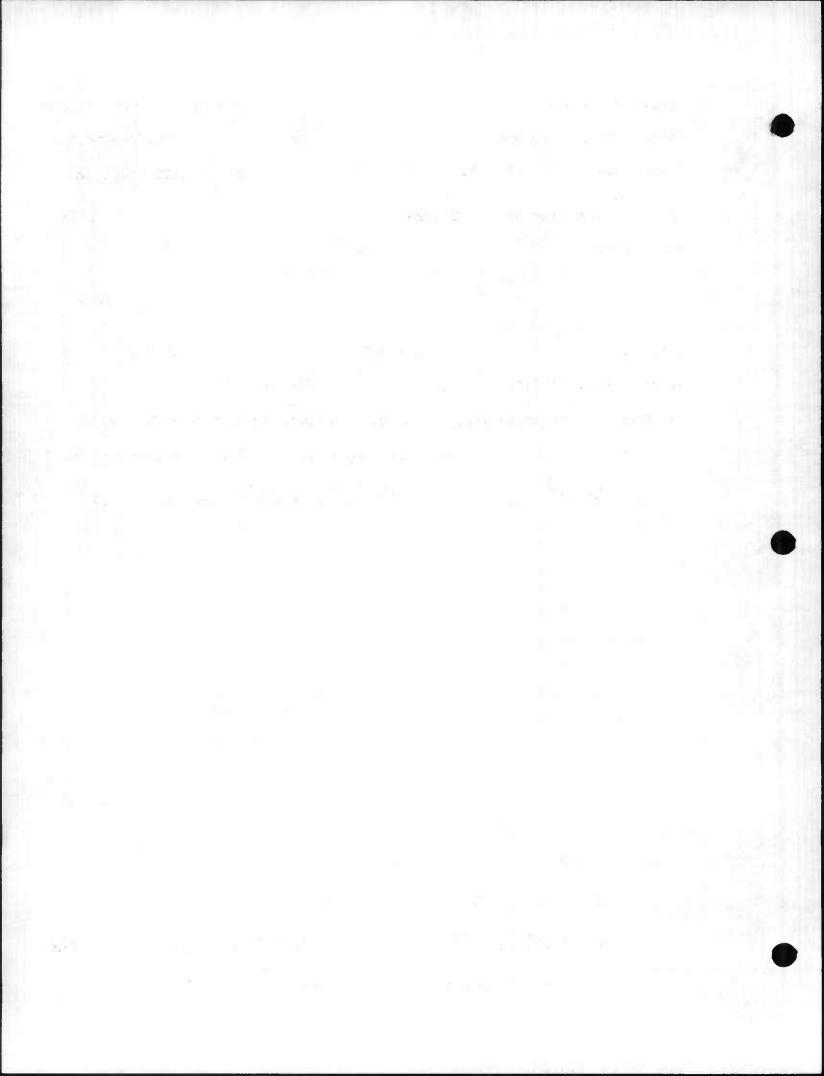
State of Maryland / Department of Health and Mental Hygiene \

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth February 17, 1998 Physician Evelyn L. Potter 2:45 pm /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Golden Oaks Nursing Home Prince George Laurel 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number Birthplaca (Stata or Foraign Country) 8. Deta of Birth (Month, Day, Year) **Funeral** 1□ M 35 F 577-01-4481 89 Yrs Director Nov. 9, 1908 Maryland Usuai Rasidence of Decedant the Meryland 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 10d. Insida City Limits Prince George Director Md. Greenbelt 1 XXes 2 □ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20770 USA 22 Ridge Road Funeral death Was Decedent of Hispanic Orlgin? (Specify Yes or No-ff Yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. Wes Decedant Ever in U,S. Armed Forces? Rece - American Indian, Bieck, White, atc. 11. Marital Status pernit. Peges 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hyglene. Important: If fem 27 Is marked other than "natural", or fer any Injury or other traumatic event, the Medical Examines any Injury or other traumatic event, the Medical Examines once. 1 ☐ Yas 2 🗓 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 X Widowed 4 □ Divorced White Completed 16a. Decedant's Usuel Occupation (Giva kind of work done during most of working tifa. DO NOT use retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12)
Grade 12 Coilega (1-4or 5+) Housewife Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar'a Name (First, Middla, Maiden Sumama) Percival Roland Fuller Ida Louise Bond 19a. Informent's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Ann Farwell / daughter-in-law 106 Bracken Court Walkersville, Md. 20b. Place of Disposition (Nema of cematary, crematory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial XX Cremation 3 ☐ Ramoval from Stata Metro Crematory, Inc. 2/18/98 Catonsville, Md. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signeture of Funaral Service Licensee 22. Nama and Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 20707 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximeta Intervel Batween Onset end Deeth Physician /Medical Immedieta Causa (Finai YOURDOR KARRITION disaase or condition rasulting in deeth) Examiner Examiner COMONDAT BARBERY physician and s the burial-transit The lew requires that the deeth certificate be executed Sequentially iist conditions, if eny, laeding to immadiata cause. Entar Underlying Causa (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequanca of): P.O. Box 68760, SYPENTONSION 7/25 Physician/Medical Dua to (or as a consequance of): use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No cate hes been signed I pege 2 should be det CHRONIC DISSIDES LUN 6 Records, þ 24b. Ware autopsy findings aveilable prior to completion of cause of daeth? Completed 24a. Wes an autopsy performed? FIBRILLATION AGRIA 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 No After this certificate Division of Vital or Attending Physician: Be director 25. Was casa raferred to medical axaminar? 26. Place of Deeth (Check only ona) Other: 45 Nursing Home 5 Rasidance 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral of 27. Mannar of Deeth 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Describe how injury occurred 1 Natural 5 Pending invastigation 2 Accident 6 Could not be detarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide the Hospital 1 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and due to the cause(s) end mannar as atated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daeth occurred at the tima, dete end place, and due to the cause(a) and mannar steted. 29a. Certiflar Medical (Check only one) 29b. Signature end title of certifier 29d. Data signed (Month, Dey, Year) 29c. License number FEBRUARY 18, 1998 CI 3 BOULE 100 14333 CAURSI 30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) ROBSMI MA6684, MD LAUREL, MARYUMO 20708 31. Data filed (Month, Day, Year) 32. Register's Signature
8 Janual Wolcor Reviell State Registrar



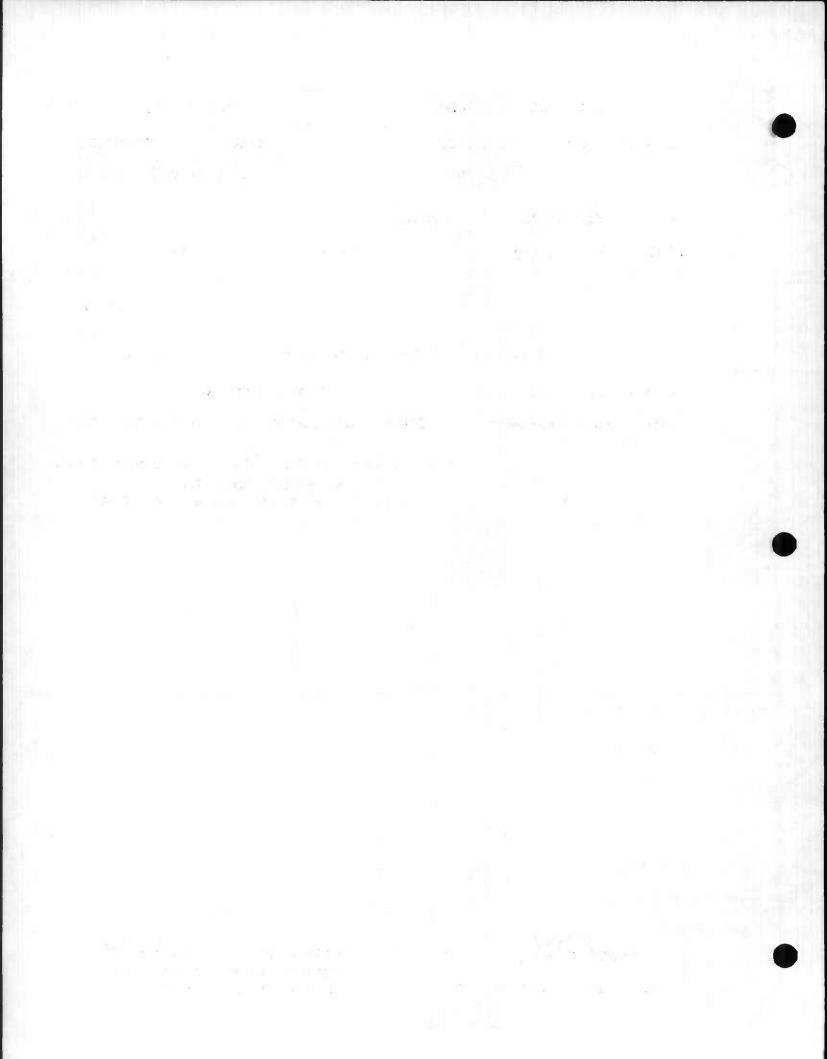
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** MARY KAY PHILLIPS 1998 FEB 16 11:00 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** NATIONAL NAVAL MEDICAL CENTER MONTGOMERY **BETHESDA** | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Min. | July 2, 1956 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sex 9. Birthplaca (Stata or Foreign **Funeral** 1 M XXF 231-94-2713 Yrs 41 Florida Director Usual Residence of Decedant with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show d other than "natural", or items 23s or 28s-f sho event, the Medical Examinar must be notified at Md. St. Mary's California YX Yas 2□No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 23124 Autumn Leaf Way 20619 USA permit. Pages 1 and 2 should be filed within 72 hours after death N Department of Health and Mental Hygiene. Incontants: If them 72 file marked other than "natural; or items 23s may injury or other traumatic event; the Medical Essetiate mass. Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lt Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XXIVo Specify: þ 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highest grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 4 Years Real Estate Agent Real Estate 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 8 2 James Walter Griffin Anne Russillo 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) David T. Phillips/Husband 23124 Autumn Leaf Way California, Md. 20619 20b. Place of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 🕅 Removal from State Feb 20 4 □ Donation 5 □ Other (Specify) 1998 Fort Hill Memorial Park Lynchburg, Virginia 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 20707 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Betw Onsat and Death **Physician** /Medical Immediate Causa (Final disaase or conditi-resulting in daath) METASTATIC BREAST CANCER Examiner Due to (or as a consequence ot): Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Last and Due to (or as a consequence of) attending physician a for usa as the burial-Division of Vital Records, P.O. Box 68760. Dua to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 | Yes 2 | No 3 | Probably 4 | Unknown by 24b. Were autopsy tindings available prior to completion of cause of death? should 24a. Was an autopsy performed? Completed s cartificata has b 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No or Attending Physician: director Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Tyes 2 No sly funeral 27. Manner of Death Certification: 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Aftar 5 Pending investigation 1 X Natural death. 1 Yas 2 No 2 ☐ Accident ector: / In 24 hours
the Funeral Director filled in by the 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Placa of Injury - At home, farm, straet, factory, offica building, atc. (Specify) 4 Homicide Hospital 29a. Certifler 🛣 Certifying Physician: To the best ot my knowledga, death occurred at the time, date and placa, and due to tha cause(a) and manner as atated. edical (Check only one) 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. To the To the To the I 29b. Signatura and title of certifie 29d. Data signed (Month, Day, Year) 29c. Licensa number 194374-1 (NY) 30. Name and addrass of person who completed cause ot death (Item 23a) (Type, Print) NATIONAL NAVAL MEDICAL PAUL D. KANE, LCDR, MC, USN BETHESDA MD 20889-5600 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Palis Studen Rarball

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Amended # 20b.-20c. Per F.H. P.G.C. 3-13-98cr Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Day Month Year **Physician** Verice Person 8:03 PM 03 09 98 /Medical 4e Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) If Under 1 Year Birthpiace (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** Months Hours Deys 1 M 25 F 63 578-64-9102 Director 12-11-34 Texas Usual Residence of Decedent the Merylend 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Prince George's Maryland Capitol Heights 11X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? With 5713 Eagle Street 20743 USA Funeral death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, 11. Maritel Stetus Black, White, etc. 72 hours after 1 ☐ Never Married 2 X Married 1 ☐ Yes 2♥ No If Yes, Give Specify: Black Baltimore, Maryland 21215-0020 1 Yes 20 No Specify: by 3 Widowed 4 Divorced Yeer or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. 11th Homemaker Private marked other permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 is marked other any injury or other traumatic event, DDCs. 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be Leola Murphy William Hardeman 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Calvin Person/Husband 5713 Eagle Street, Capitol Heights, MD 20743 20b. Place of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, Stete Maryland Veterans Cem. Harmony Memorial Park 3-17-98 3/16/98 1X Buriel 2 ☐ Cremetion 3 ☐ Removal from State Cheltenham, Maryland Landover, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility J. B. Jenkins Funeral Home 23a. Part1. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest,

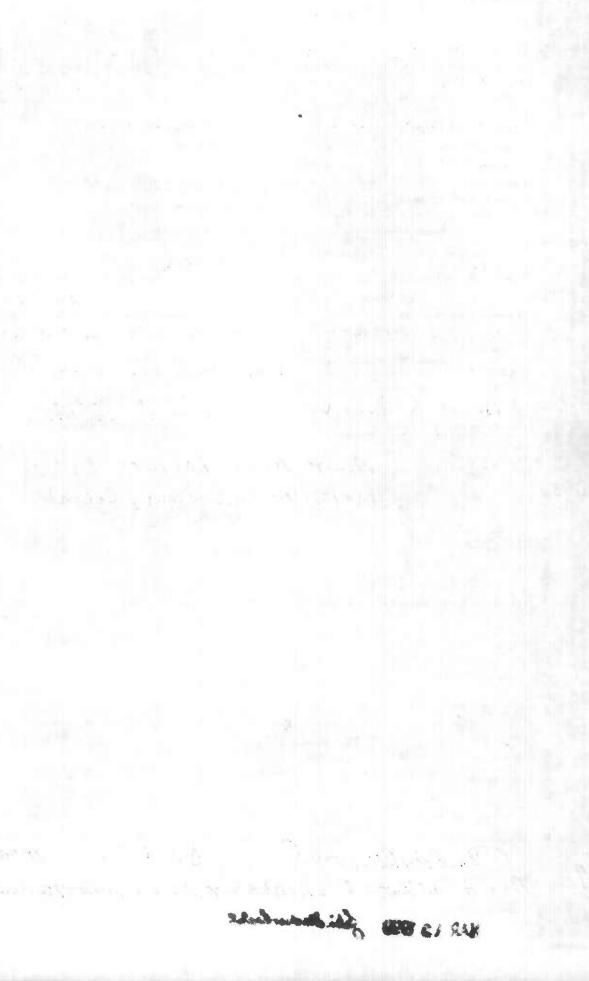
Approximate

Approximate Percen Interval Between Onset and Deeth **Physician** /Medical Acute Renal Failure Immediate Ceuse (Final disease or condition resulting in death) Examiner Metastatic Cancinoma, Colon Examiner The law requires that the death certificate be executed physician end the burial-transit Sequentielty list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Box 68760. Physician/Medical Due to (or es e consequence of) 80 esn Por Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? o the 1 Yes 2 No 3 Probably 4 Unknown been signed by Division of Vital Records, P. þ 8 24e. Was an autopsy performed? 24b. Were autopsy findings evailable prior to Completed completion of cause of deeth? has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 💢 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To this 27. Manner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending NIA 1 Yes 2 No death. 2 Accident investigation Director: 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) in by after 4 Homicide filled 24 hours Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and menner es steted. edical 29a. Certifier pletaly 2 Medical Examiner: On the besis of exeminetion end/or investigetton, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and manner stated. (Check only one) within 2 \$ 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 10 MARCH 10, 1998 ess of person who completed cause of deeth (Item 23a) (Type, Print)

DE YORE MD 4203 QUEENSBURY Rd MYATTSV, "UE MD 2018/

State Registrar 31. Date filed (Month, Day, Year)

32 Augistrar's Signature



State of Maryland / Department of Health and Mental Hygiene 8

Provided	Power Powe						Cer	tificat	e of	Death		Reg. No.	090	10
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23a-Part Fener the disease, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Barwood and Disease and Continuation of the cause	23a. Part Enter the disease, or, complications typic leaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Appropriate Shopk, or heart failure. List only one cause or reach line. Appropriate Shopk, or heart failure. List only one causes or each line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk, or heart failure. List only one causes or reach line. Appropriate Shopk or heart failure. List only one causes or reach line. Appropriate Shopk or heart failure. List only one causes or reach line. Appropriate Shopk or heart failure. List only one causes or reach line. Appropriate Shopk or heart failure. List only one causes of reach line. Appropriate Shopk or heart failure. List one causes or reach line. Appropriate Shopk or heart failure	2 2		1 Auch	cla !.		G	eorge	e P.	Kalas F	uneral H	lome	207/5	
Solidary Company Com	Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Sequentially list conditions of any, leading to immediate cause. Enter Underlying Cause (pisses or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequen			23a. Part 1/Enter tha disaasa, or co	nplications val causes	tha daath. [Do not anta	r tha mod	a of dyin	g, such as cardia	or raspiratory a	irrast, Md	Appro	oximata
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A LONG VALUE SURVEY SURVEY SURVEY AND COMPLISHED CAUSE OF GOOD (Home 24s) (Long 24s)	30. Name and address of person who complated causa of death (Itam 23a) (Type, Print))	-	30. Name and address of person who	completed cause of d	eath (Itam 22	a) (Tuna D		-103	140		riarch 6	, 1998	

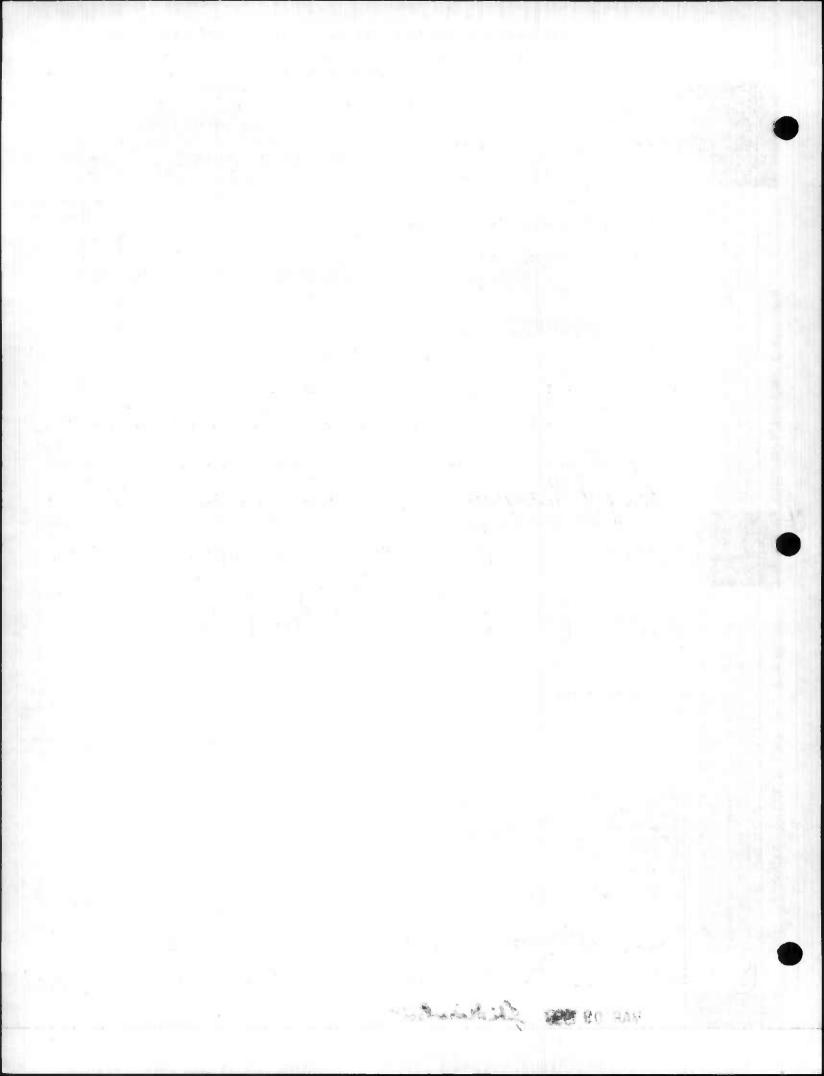
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** ER RICE 1645 March /Medical 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Greater Laurel Regional Hospital Prince George's Laurel If Undar 1 Year Undar 24 Hrs. 8. Data of Birth (Month, Day, Year, 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stete or Foreign Country) **Funeral** Months Days Hours Min. 1 X M 2 □ F Yrs 220-40-7450 Director 16, 1942 North Carolina July Usual Residence of Decedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Show traumatic avent, the Medical Examiner must be notified at 1 X Yes 2 No Director 28a-f Maryland Prince George's Laurel 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? ò items 23a 1014 Phillip Powers Drive 20707 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 Ø No If Yas, Giva Yeer or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after can of Health and Mental Hygiene.
Int: if item 27 is marked other than "natural", or item inty or other traumatic avent, me Medical Engine.
Iny or other traumatic avent, me Medical Engine. 1 ☐ Nevar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🖾 No Specify: by 3 Widowed 4 Divorced White leted 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Compl Elamentary/Secondary (0-12) Collaga (1-4or 5+) Sheetmetal Mechanic Private 10 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Vernie Harrison Price Edna R. Jones 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Sharon Price - Daughter 1014 Phillip Powers Drive, Laurel, Maryland 20707 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cramation 3 ☐ Ramoval from State permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Trinity Memorial Gardens 3/12/98 Waldorf, Maryland 21. Signature of Funaral Servi 22. Nama end Addrass of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 or complications thet causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximata Interval Betw Onsat and Death **Physician** /Medical Immadiata Causa (Final disaase or condition rasulting in death) Examiner Examiner siclan and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initioted avants rasulting in deeth) Last Due to (or as a consequence of) P.O. Box 68760. physiclan s the buria a Physician/Medical Due to (or as a consequence of): use as ettending p ed by the eldetached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by t should be detact 1 Yes 2 No 3 Probably 4 9 Unknown Records, þ 24b. Were autopsy findings aveilable prior to complation of causa of daath? Be Completed 24a. Wes an autopsy performed? page 2 has 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☑ No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director. 25. Was case rafarrad to medical 26. Placa of Death (Check only ona) axeminer? Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 No 2 ER/Outpatient 3 □ DOA Certification: To 1 Yas 1 Inpatiant 27. Manger of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding 1 Natural 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to tha causa(s) and mannar as steted. Medical 2 Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner stated. 29b. Signatura and title of a 29c. Licensa number 29d. Data signed (Month, Day, Year) 98 completed cause of death (Itam 23a) (Type, Print) ROWIE AS Sute 208. LAUREL MY 31. Data filed (Month, Day, Year) State 09 Registrar MAR

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death **Physician** Month PAULA ELTZABETH PIGFORD MARCH 1998 3, 3:00am /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4308 SKYLINE DRIVE SUITLAND PRINCE GEORGES 5. Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 2XF Days Yrs. Director 49 578-68-7966 WASHINGTON, DC Usual Rasidance of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at Director MD PRINCE GEORGES 1X Yas 2 No SUITLAND 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? ŏ Herne 23a 4308 SKYLINE DRIVE 20746 U.S.A. Funeral 12. Was Dacedant Evar in U.S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 72 hours efter 1 Yas 2 No If Yes, Giva Yaar or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 □ Yas X No Specify: Specify: BLACK þ 3 Widowad 4 Divorced "natural", Completed Dermit. Peges 1 and 2 should be filed within 72. Department of Health and Mental hygiene. Important: if itam 27 is marked other than "nat, any injury or other traumatic event, the Medical once. 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) 12th Bus MONITOR N/A 17. Fathar's Nema (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumeme) Be BARNES RUDOLPH MARIE FORREST 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) RAY PIGFORD - HUSBAND 4308 SKYLINE DRIVE, SUITLAND, MD 20a. Method of Disposition

1 Burial 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Nema of cametery, cramatory or other place) 20c. Location - City or Town, State Data 3-10 4 Donation 5 Other (Specify) HARMONY MEMORIAL PK 1998 LANDOVER, MARYLAND 21. Signatura of Funaral Sarvice Ligensaa 22. Nama end Addrass of TAYLOR 'S FUNERAL HOME 1722 NORTH CAPITOL ST., NW WASH.DC 20001 23a. Part1. Enter the disease, or corp libetions that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Intarval Batw **Physician** /Medical Immediata Causa (Final diseasa or condition resulting in death) Examiner Due to (or as a consequence of) Examiner attending physician end for use es the buriel-transit that the death certificete be executed Sequantially list conditions, if any, laeding to immadiata cause. Entar Underlying Cause (Disease or Injury thal initiated events rasulting In daath) Last Due to (or as a consequance of): Box 68760. Physician/Medical the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? PO been signed by the should be detech 1 Tes 2 No 3 Probably 4 Unknown Records, þ The law requires 24b. Were autopsy tindings available prior to completion of ceuse of death? Completed 24e. Wes an autopsy parformad? page 2 s 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No Vital Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifical stelly filled in by the funeral director; 25. Was case referred to medical Be 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 2 1 Yas 2 No Division of 27. Manner of Death Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury et Work? 1 Naturai 2 ☐ Accidant 5 Pending Invastigation 1 Yas 2 No 3 Suicida 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 24 hours cal To the Hospi within 24 hou To the Funer completely fil 29a. Cartifiar ሺ Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, date and plece, and dua to tha causa(s) and mannar as stated. 2 Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated. 29b. Signatura and titla of certified 29c. Licansa number 29d. Data signed (Month, Dey, Year) 10310 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) Am #407 CYRVS NEMAT Temple Hill 20748 3611 Branch 32 Registrar's Signatura 31. Date filed (Month, Day, Year) State Registrar

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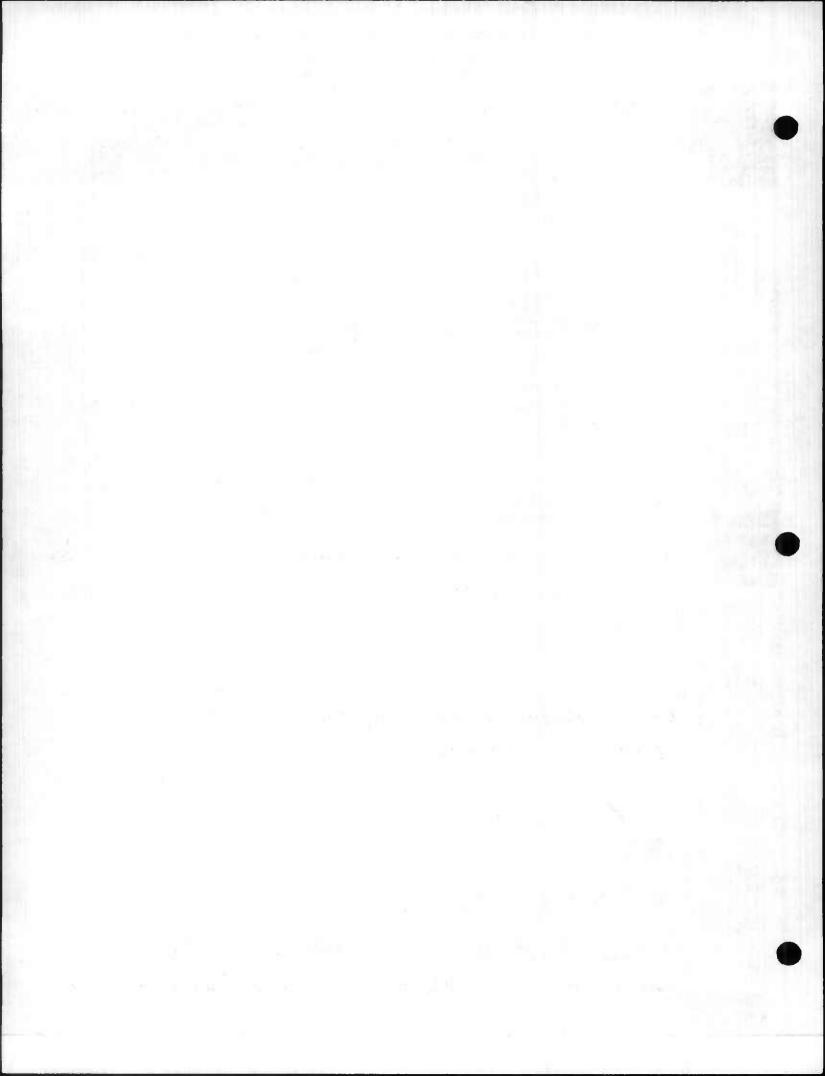
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State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner Funeral Director Funeral Director Funeral Director Director I 138- Use St. 10a. St. 10a	-01-7571 Residence of Decedent	rive street end number) Sex 1 M 2 F 7. Age (in 82 10 M 2 F 82 10 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M	16a. Do (G) 19b. M 19c Ob. Place of Dicemetery,	T Location ott City 10f. Zip Cod 2 13. Was Decedent If Yes, specify C 1 Yes, specify C seedant's Usual Ocitive kind of work doe. HOMEMA ailing Address (Str	de 21043 of Hispanic Origin? (Specuben, Mexicen, Puerto F No Specify: coupation one during most of workin titred) iker 18. Mothar's Nama Fmil reet and Number or Rura Troy, Michi	8. Date of Birth (Month, Dey. Nov 23, locify Yes or No- licen, etc.)	Day Yea 26 1999 4c. County of De 1909 4c. County of De 1909 1915 P Og. Citizen of What G United 14. Rece - Ar Bleck, Wi Specify: 16b. Kind of Busines Own Maiden Sumeme)	seath (2/) Seath (2/) Sinthplace (State or For Country) Pennsylvani 10d. Inside City Lir 1 □ Yes 2 ▼ Country? States merican Indian, hite, etc. White
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** arson Month Kvmar 0205 March /Medical 61 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** University of Maryland System Medical Baltimore 5. Social Sacurity Number 7. Age (In yrs. last birthday) _eFuneral Birthplace (State or Foreign Country) Days Months Hours 1 € M 2 F 577-24-8645 Director 75 1922 Maryland Usuai Rasidenca of Decadent 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits Director Prince George Laurel 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9000 Briarcroft Lane 20708 USA Funeral 12. Was Decedani Evar in U,S. Armed Forces? 11. Marital Status Was Decedani of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 X Yes 2 ☐ No II Yes, Give Year or Dates: 1 Nevar Married 2 Married þ 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☒ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) 2^{College (1-4or 5+)} Agent Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname, Be unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cheryl Curtin daughter 4938 Ilchester Point Court, Ellicott City, MD 21043 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cometery, crematory or other placa) 20c. Location - City or Town, Stala 1 Burial 2 Cremation 3 Ramoval from State 4 □ Donation 5 □ Other (Specify) Union Cemetery 3/5/98 Burtonsville, Maryland 21. Signature of Funeral Service Ligense 22. Name and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. Approximate interval Betw achycardia Immediate Cause (Final Ventricular disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Last Physician/Medical Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Cancer Ď 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? Inducable ventricular tachy Cardia Cancer Colon 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Piece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpaliant 2 ER/Oulpatient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. fnjury at Work? 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Piaca of Injury - At home, farm, street, factory, offica bullding, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stata)

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4 Homicida 29a. Certifier

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29b. Signature and title of certifier

29c. Licanse number

💢 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, date and plece, end due to the cause(s) and menner es stated.

29d. Date signed (Month, Day, Year)

30. Name and address of person v ho completed cause of death (Item 23e) (Type, Print)

22 South Greene St. Baltimore, Hd. 21201 David Kruse 31. Date filed (Month, Day, Yeer) MAR 0

State Registrar

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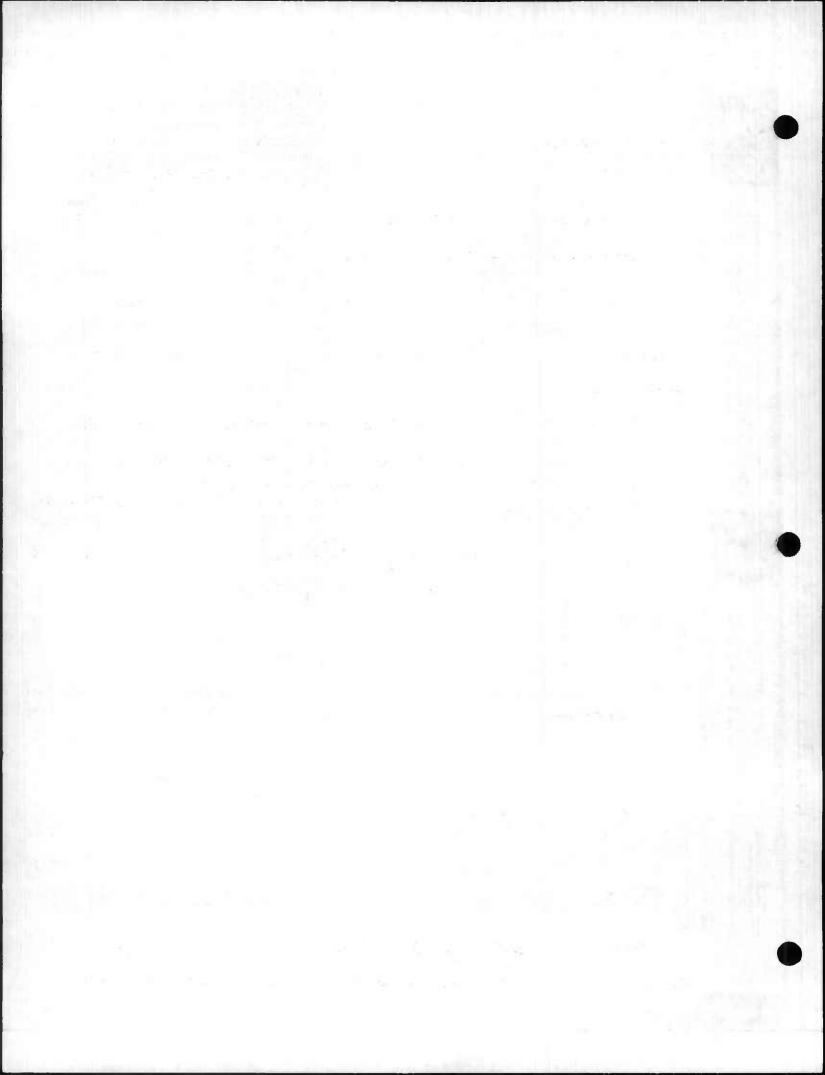
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	ore, Marylanc		19a. Informant's Name/Ralatio					, Mailing Addrass (Stre					
	and and mark		Wayman Reed /	SOI	n	Lan		109 72nd P					
	O F F F F F F F F F F F F F F F F F F F		20a. Mathod of Disposition 1 X Burial 2 ☐ Cramatio	n 3 🗆	Removei from S	20b.	Placa of camatar	Disposition (Nama of y, crematory or other p	lece)	Data	20c. Location	- City or To	wn, Stata
	Pa . Pa		4 Donation 5 Othar	(Specify)	Ma	aryla	and Nationa				Mar	yland
-	Baltimore, Mi permit. Pages 1 and 2 Depertment of Health a important: if Item 27 is any injury or other tra once.		21. Signature of Funeral Service	ce Licen	1/			22. Nama and Add	drass of Fecility n Funeral	Home, P	. A .		
	M KOE a a		* Lewitt &		Ille				ott Ave. I			d 207	07-4389
			23a. Part1. Enter the disease, shock, or heart failure. L	or comp	olicetions thet ca	usad tha dad	eth. Do r	not entar the mode of d	lying, such as cardiac	or respiratory a	rrest,		Approximate Intarval Batween
	Physician	и	V									1	Onsat and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition		. 12	espi	rat	oney ta	ilure			į	5 days
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DO	sit ed	ale e			b. M	rasi	he	Caucer	of ce	inj		i	
3	The cords, F.O. BOX b8/b0, The law requires that the death certificate be executed at hes been signed by the attending physician and page 2 should be detached for use as the burial-transit	edical Examiner	Sequentially list conditions,			Dua to	or as a c	consequanca of):	0				
1. 0	be ed ician buria	E III	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury	2	c								
333	os/ou,	dic	that initiated avants rasulting in daath) Last	1		Dua to (or es a c	onsaquanca of):					
-1 .	ding se as	5		L	d							i	
7 6	BOX eath ce attendii	clan											
7, 0	hat the death ce by the attend detached for us.	Physician	Part II. Other significant condi	tions co	entributing to dea	ith but not ra	sulting In	tha undarlying causa	givan in Part I.	23b. Dld	tobacco uae co	ntribute to	the cause of death?
30	that the the detac		ASKA	uco.	-					1 🗆	Yee 2 No	3 Prol	bably 4 Unknown
434	signe d be	d by								Ode Wee		24b W	ara autopsy findings
4	requir	ete									en eutopsy rmed?	eve	allabla prior to
70	hes law	Completed									- /	of	mpletion of cause death?
dua Assa FE	vician: The l									10	Yas 2 No	1[Yas 2□ No
2	Of Vital Dr. Physician: The rthis certificate and director, page	Be	25. Was casa rafarrad to medi- axaminar?	-	Hospital: 1			10	26. Placa of Das	ith (Check only o	ona)		
4	Phys this ral dir	2	1 Yas 20 No 27. Mannar of Death		1 1 X In		ER/Ou	IDATION SELECT		oma 5 🗆 Rasi			y)
2 5	ding Phys h. After this funeral di	lon	1 A Natural 5 □ Pane	ding		Day Year)	28b. I	ima of 28c. Inj		28d. Dascribe	how Injury occur	rad	
2 3	Attending r death.	Certification:	2 Accidant Invest	stigation ld not be		d later And			☐ Yas 2 ☐ No	204	0		
7	Or A Birer in by	PT.	4 ☐ Homicida data	mined	bullding	g, atc. (Spac	ify)	rm, streat, factory, office	8	City or Tol	vn, Stata)	or Hura	I Routa Number,
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	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the fune	edical	29a. Cartifiar (Check only one) Certify	at Exam	ner: On the bas and manns	is of axamin	ation and	, daath occurred at tha Vor Invastigation, in my	ıma, data and placa opinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and ma data and placa,	annar as st and dua to	ated. tha causa(s)
	ithin of the sample	Mec	29b. Signature end-title of certi	fiar	and marine	ii sidleU.		29c. Lica	nsa number	T	29d. Data signe	d (Month	Day, Year)
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	4		30. Nama and addrass of person	on who c	omplated causa	of daath (Ita	m 23a) (Type, Print) UNGOD K	21. B-		1 1	1.	20817
1	- 01	1	31 Data filed (Month Day Yes	ar)	32 Pa	nietrar's Sion	oturo			1 4570	~	e (- 6	
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				State of Maryla		ificate of		, 0	eg. No. 98	0	9682
	Physic		Decedent's Name (First, Middle, Last, The 1ma Richards)				2. Date of Deel Month March 9	Day	Yeer	3. Time of Death 10:30 pm
	/Medi Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or	Location of Death	4c. County of	Death	10:30 bin
	Funeral Director	lei	Magnolia Gardens 5. Social Security Number 6. Sec	Nursing Hor	s. lest birthdey)	If Under 1 Year Months Days	Lanham If Under 24 Hrs Hours Min.		Prince	Geo1	rge's c) Virginia
	and		10a. State 10b. County	10c. (City, Town or Loca	ation				10d	I. Inside City Limits
	the Mary 28a-f sh	Director	Maryland Prince G	eorge's	Greenbel	t 10f. Zip Code			On Others of Mile		1 Yes 2□No
	with with	ā	8469 Greenbelt Ro	ad		2077	0		0g. Citizen of Wh	iat Country	,,
	eath	era		12. Was Decedent Ever in	US 13 Wa			Inacify Ves or No-		American	Indian
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show ores Examines must be notified as	by Funeral	1 Never Married 2 Married 3 ☑ Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:	lf Y			pecify Yes or No- to Rican, etc.)		White, etc	0.
21215-0020	C 1 44	Completed	15. Decedent's Edu (Specify only highest grade	cation e completed)	16a. Dacedar (Give kir	nt's Usual Occup nd of work done	pation during most of word)	rking	16b. Kind of Busi	ness/indus	stry
212	be filed within itel Hygiene. d other than "	d L	Elementary/Secondary (0-12)	Collage (1-4or 5+)	Homem		٥)		Own Hor	m o	
D	Hygren Hyg	BeC	17. Fether's Name (First, Middle, Last)		Homen	iake.I	18. Mother's Nar	me (First, Middle, I			
lan	id be ental ked c	ToB	Joseph Edwards				Elizabe	th Ward			
Maryland	d 2 should be filed within th and Mentel Hygiene. 7 Is marked other than traumatic event, the Western than the manual traumatic event, the Mentel than the Men	-	19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Mailing	Address (Street		rel Route Number	City or Town, St	teta, Zip C	ode)
	alth a 27 is		Roberta Wible - D	aughter				Greenbelt			20770
Baltimore,	pernit. Pages 1 and 2 should be filed withir Department of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than any fujury or other traumatic event, fre Mone.		20a. Method of Disposition	20b.	Plece of Disposit				20c. Location - Ci		n, Stete
E	Page nent nr: If Iry or		1 ☑ Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Othar (Specify)	emoval from State	reenlawn		1	3/13/98	Louisa,	Kent	ncky
alti	mit.		21. Signeture of Funeral Servica License		22.1	Name end Addre	ss of Facility				
œ	Depar Impor		17 lonston	ee Yas	eh 473	9 Balti	more Ave	ns Funera nue, Hyat	tsville	P.A.	20781
	Physician /Medical		23a. Part1. Enter the disease, or complishock, or heart failure. List only on Immediate Causa (Final	e cause on eech line.						A in O	pproximate iterval Between enset end Death
	Examiner	ler	disease or condition resulting in death) a	/	(or as e conseque		e pro	Remo	uæ		4 alleys
0,	ficate be executed physician end as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	Due to	(or as a conseque	enca of):				1	
Box 68760,	T 0 6	n/Medical	Cause (Disease or injury that Initiated evants rasulting In death) Last		(or as a conseque	ence of):					
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/ita	ysicien: The s certificate director, par	Be	25. Was case referred to medical examiner?					ath (Check only on	9)		
5	000	P_	1 145 2 140	ospital: 1 Inpatient 2[☐ ER/Outpatient	3□ DOA Oth	4 Nursing H	ome 5 Reside	nca 8 □Other	(Specify)	
	une une	ation:	27. Manner of Deeth 1 Diatural 5 Pending 2 Accident investigation	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor M 1	yat k? Yes 2 □ No	28d. Describe ho	w injury occurred		
Division	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Certification:	3 Suicide 6 Could not be datarminad	28a. Placa of Injury - At building, atc. (Spec	home, farm, street	t, factory, office		28f. Location (St. City or Town		or Rurel R	Route Number,
	Hosp 24 hou Funer letely fill	edicai	29a. Cartifiar (Check only one)	Ician: To the best of my kn er: On the basis of examin and manner stated.	owledga, daath o ation and/or inves	ccurred at tha tin stigation, in my o	na, date and place pinion, daath occu	, and dua to tha ca rred at the time, da	usa(s) and mann ite and placa, and	er as state d dua to th	ed. a cause(s)
	Vithin To the Comp	Me	29b. Signatura and title of cartifier			29c. Licens	e number	25	d. Dete signed (Month, De	y, Year)
	0		1 /18ra	wite or	40	DI	1353	2	3/10	198	
	3		30. Name and address of person who con	mpleted causa of death (Ite	em 23a) (Type, Pri		Gree	en bel	1,00	20	3270
	Sta		31. Dete filed (Month, Dey, Year)	Registrar's Sign	nature				1		



				ale of Maryla		rtificate of			Reg. No. 9	3 09	1683
ı	Physici	an	Decedent's Name (First, Middle, Last)	. 0				2. Date of Dea		Year	3. Time of Death
	/Medi			220				MARCI	27,	1998 1	:31 pm
	Examir	er	4a. Facility Name (If not institution, give street	t and number)	//.	11	4b. City, Town, or Lo	ocation of Death	().		01
1			5. Social Security Number 6. Sax	7. Age (In yrs	last humday)	If Under 1 Year	If Under 24 Hrs.	O Date of Bird	PRI		Holge.
	Funeral Director	4	578-44-7234 1□ M		Yrs.	Months Days		8. Date of Birt (Month, Da Oct. 1	y, Year) 5,1934 \	Country)	e (State or Foreign ston, D.C.
	and w		Usuel Residence of Decedent 10a. State 10b. County	10c G	ity, Town or Lo	cation				104	Inside City Limits
	death with the Maryland ms 23a or 28a-f show	tor	Maryland Prince Geor		Cemple					100.	1 ☐ Yes 2 🕅 No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Country	?
	23a	ral	8601 Temple Hill Rd	#11		207	48		U.S.A.	•	
Maryland 21215-0020	or ite	by Funeral	1 Navar Merried 2 Married 1	Vas Decedent Ever In U rmed Forces? □ Yas 2 □No Yes, Give eer or Dates:	1	Was Dacedent of f Yes, specify Cut I ☐ Yes 2☐\No	Hispenic Origin? (Spoan, Mexican, Puarto Specify:	ecify Yes or No- Rican, etc.)		ce - American ck, White, etc. y: White	
5-0	72 hours natural',	Completed	15. Decedent's Educatio (Specify only highest grade con	n n plated)	16a. Deced	ient's Usual Occu	pation during most of work	ina	16b. Kind of B	usiness/indus	try
121	within jiena.	mpl	Elementery/Secondary (0-12)	college (1-4or 5+)			during most of work ed)		D	т ,	
d 2		Co	12 17. Father's Name (First, Middle, Last)		CL	erical	18. Mother's Neme	o /First Middle	Private		stry.
an	d ta b	o Be	Albert T. Mattly					s E. Sar		110/	
ary	E B B C	To	19a. Informant's Name/Relationship (Type, F	rint)	19b. Meilir	ng Address (Stree	t and Number or Run	al Routa Numbe	er. City or Town.	State, Zip Co	ode)
	DECT		James R. Russ/Husbar	nd			Hill Rd.#	11 Temp	ple Hill	ls, Md.	.20748
Baltimore,	es 1 and of Health I Item 27 r other tu		20a. Method of Disposition		Place of Dispo	sition (Name of natory or other pla	aca)	Date	20c. Location -	City or Town,	State
im	nit. Page artment o ortant: If I	110	1 ☐ Burial 2 ☐ Cremation 3 ☐ Remore 4 ☐ Donation 5 ☐ Other (Specify)	al from Stata			nal Cem.	3/10/98	Suitlar	nd. Mar	vland
3a	Depart Depart Import any inj anos		21. Signatury of Funeral Service Licensee	v1	22	. Nama and Addr	ess of Facility			, ,	
_	20239		Teak go Sy	alas			Kalas Fur Hill Rd.			20745	
			23a. Part I. Enter the orbase, or complication shock, or heart talture. List only one ce	hs that caused the dea use on each line.	th. Do not ente	er the mode of dy	Ing, such es cardiac	or respiratory ar	rest,	Ap	proximate terval Betwaen
	Physician / /Medical		Immediate Cause (Final	1 - 4	05 6	Anni -	Lilian			Or	nset and Death
1	Examiner		disease or condition resulting In death)	Acute re Pulmono	CSPIN	yory (Tealor C				
		-e		Due to (or as a conseq	t prosi	Cut				
	d d ansit	Examiner			or as Consed		MIT				
o,	exec en an riel-tr		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events) Susteer		cheros	57				
68760,	icate be executed physicien and s the buriel-transit	edical	Cause (Disaase or injury that initiated events rasulting In death) Last		or as a consequ	uence of):	-)		-		
	entifica ing ph	_	rasulting in death) cast	Malnu	tritio	n.				į	
Box	that the death certific ed by the attending p detached for use as	Physician/M	- a			·				1	
P.O.	the a	ysic	Part ff. Other aignificant conditions contribut	ing to death but not res	sulting In the ur	nderlying cause gi	iven in Part f.	23b. Dld t	obacco uae co	ntribute to the	e cause of death?
	The law requires that the death certificate be execut ata hes been signed by the attending physicien and page 2 should be detached for use as the buriel-trar	by Ph	UGI bleed	nig				101	100 2 No	3 Probab	ly 4 Unknown
Records,	quíres n sign	g pe	Electrolyte	mbala	Co			24a. Was	an autopsy		autopsy findings
000	s been si	olete		00000				perfo	med?		ble prior to letion of cause ath?
	The la ta he	Completed						1 🗖 Y	es 2 (No		es 2 No
of Vital	sician: The law certificata hes b lirector, page 2 s	Bec	25. Was case referred to medical				26. Plece of Deatl				
>	Physician: rthis certific ral director,	2	examiner? 1 ☐ Yes 2 No Hospit	al: 1 Linpatient 2	ER/Outpatien	t 3□ DOA Ot	her: 4 Nursing Ho	me 5 Resid	ence 6 Oth	er (Specity)	
ū	or Attending Physician: The li effer death. Director: After this certificata he d in by tha funeral director, page		27. Manner of Deeth 28 1 SNatural 5 Pending	a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe h	ow Injury occur	red	
Division	tendi leath. lor: A tha f	Certification:	2 Accident Investigation				Yes 2 No				
Σ	or At offer of in by	E I	4 Homicide determined 28	 Placa of Injury - At h building, etc. (Specifical) 	ome, farm, stre fy)	et, factory, office		28f. Location (S City or Tow	itreet and Numb n, State)	er or Rural Ro	outa Number,
	phtai ours ours filled		29a. Certifier 12 CertifyIng Phyafclan	· To the best of my kno	udadaa daath	accurred at the ti	ime date and place	and due to the	ouse(s) and me	naar as stata	d
	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completely filled in by tha fune	Medical	(Check only 2 Medical Examiner: C	on the basis of examination of manner stated.	ition and/or Inv	estigation, In my	opinion, deeth occurr	ed at the time, o	tate end plece,	end due to the	a cause(s)
	Withir To th	X	29b. Signeture and title of carthier	DP .		29c. Licen	se number		29d. Date signe	d (Month, Day	, Year)
	7		Make	MD.		D	1482	4	3-7	1-98	
	(10)		30. Name and address of parson who compla			Print)	A ROC	UNTO	s, MD	2073	5
	Sta	e	C.K. BRIATIA 31. Dete filed (Month, Day, Year)				U				
	Registra		MAR 09 1998	32. Degistrar's Signa	confined	12					

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Daath 3. Time of Death Month **Physician** Antonio Christopher Rowe 1998 4:30 a.m. March /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number, Examiner 6110 Main Street Lanham
If Under 1 Year | If Under 24 Hrs. Prince George's 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** Days Hours Min. 11 M 2 □ F 15 Yrs. November 14,82 Wash. D.C. Director 214-02-0596 Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or frems 23a or 28a-f show trsumstic event, the Medical Examiner must be notified at NYes 2□No Directo MD PG Lanham 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6110 Main Street 20706 U 2 should be filed within 72 hours after death 1 1 and Mental Hygiene. Is marked other than "natural", or frems 23. Funeral A 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes AZANo If Yas, Give Yaar or Dates: 14. Race - American Indian Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) Black, White, etc. 1 Nevar Married 2 Married 1 Yes ZXNo Specify: Black by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Il Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 9th Student School School 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Shirley Antonio Rowe Hermin Elizabeth Lewis 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 st Depertment of Health and Important: if item 27 is m Hermin Elizabeth Rowe/Mother 6110 Main Street, Lanham Md. 20706 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Steta 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State injury or 4 ☐ Donation 5 ☐ Other (Specify) Gate Of Heaven Cemetary 3-14-98 Silver Spring, MD 22. Name and Address of Facility 21. Signature of Funeral Sarvice Licensea any ir Fart 1. Effer the disease, or complications that ceused the death. Do not entar tha mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Wash. D.C. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) eosarcoma **Examiner** Due to (or as a consequence of) Physician/Medical Examiner The lew requires that the death certificate be axecuted Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): pue attending physician for use as the burie Due to (or as a consequence of) 88 signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed peen completion of ceuse of death? has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata or Attending Physician: To Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: After t 1 Natural 5 Pending investigation n 24 hours eftar deeth.

Ne Funerei Director: Af pletaty filled in by tha fu 1 Tyes 2 No 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier Medicai (Check only one)

To the Vithin 2

Box 68760,

P.O.

Division of Vital Records,

State Registrar

wins Nat d (Month, Day, Year) MAR 09

Attending

29b. Signature and title of certifier M. D. Serbel, M. D.

30. Name and address of pyrson who completed cause of deeth (Item 23a) (Type, Print)

III Michigan And, N.W. Washington QC, 200, 0 32 Registrar's Signature

29c. Licensa number

29d. Data signad (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month March **Physician** Herhert Robinson 1998 1.00 8:54 p.m. /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's If Under 24 Hrs. Hours Min. If Under 1 Year 9. Birthplace (State or Foreign Country)
New York 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, **Funeral** Months Deys 068-12-7490 Yrs. May **Director** Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiane.
Important: if item 27 is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic event, Its Medical Expriser mails or inclined any injury or other traumatic event, Its Medical Expriser mails any injury or other traumatic event, Its Medical Expriser. 10d. Inside City Limits 1 Ves 2 No Directo Maryland Prince George's Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4903 Ashford Place 20772 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 🖾 No Specify: Black þ 3 Widowed 4XX Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12th College (1-4or 5+) Production Control Supervisor Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Christina (MAIDEN UNKNOWN) Luther Robinson 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Trinita C. Robinson / daughter 4903 Ashford Place Upper Marlboro, MD 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 3-9-98 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery Clinton, Maryland 22. Name and Address of Fecility Marshall's Funeral Home 21. Signature of Funeral Service Licensee 4308 Suitland Road Suitland, MD 20746 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Betwe Onset end Deeth **Physician** /Medicai Immediate Cause (Final MONTH disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner MINOMIA MONTH sician end buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that initiated events resulting In deeth) Last Due to (or as e consequence of) ettending physician for use es the burie Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 22 No 3 Probably 4 Unknown CHRONIC RONAL FAILURE þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed DIABETES MELLITUS CORONARY ARTERY DISEASE 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 10 2 ER/Outpatient 3 DOA this funeral 28a. Dete of injury (Month, Day Year) 27. Manper of Death i or Attending Pi effer deeth. Director: After th 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours of To the Funeral D edicai 29a. Certifier 1 🗹 certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. pletely (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture and title of pertifier 29c. License number 29d. Date signed (Month, Day, Year) 03/06/98 015513 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) LUCIO S- VILLA-REAL, M.D. - 10 ST. PATRICLES DRIVE, SUITE 502, WALDORF, MP. 20603

Registrar

31. Date filed (Month, Dey, Year)

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Box 68760.

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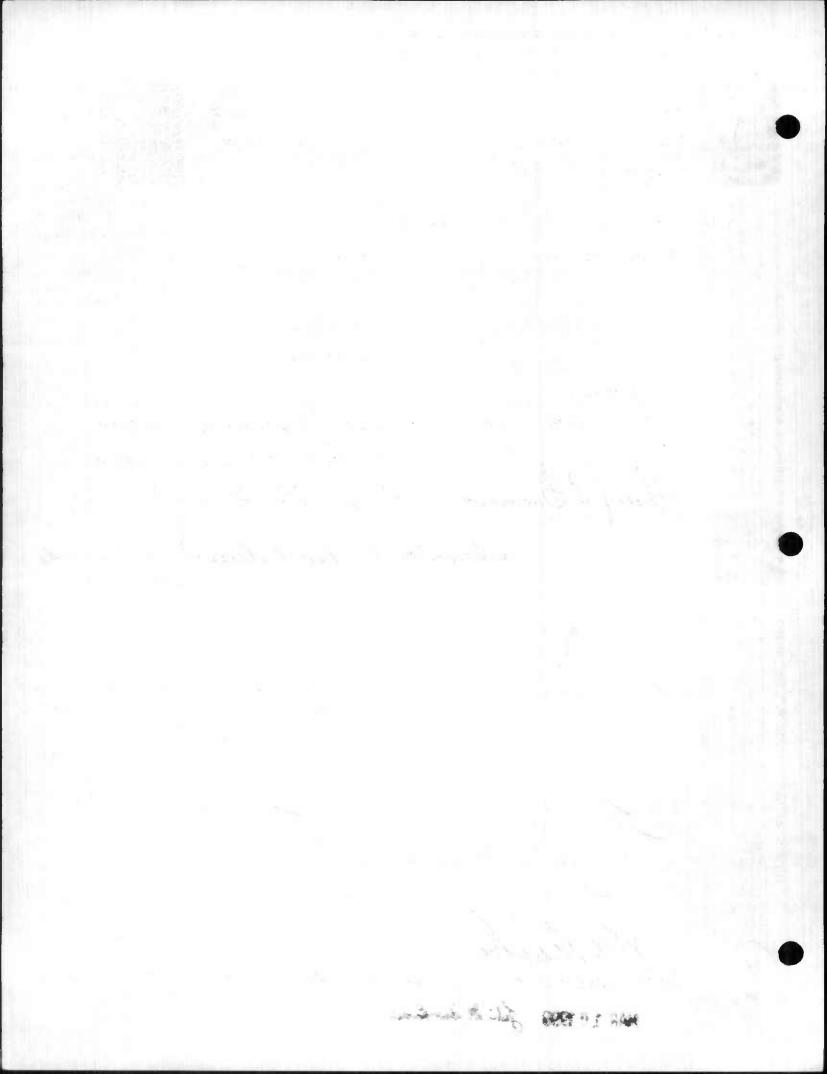
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State of Maryland / Department of Health and Mental Hygiene 4 1/3 Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death 3. Tima of Death **Physician** Month Day VIOLA RANDOLPH MARCH 8,1998 /Medical 7:20pm 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner MARINER HEALTH OF SILVER SPRING SILVER SPRING MONTGOMERY 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** Days 1□M 2ŒF 577-07-9703 Yrs. Director 97 11-17-1900 VIRGINIA Usual Rasidence of Decedant filed within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at Director 1 X Yas 2 □ No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1200 DRUID HILL AVE Funeral 21217 USA 12. Was Dacedant Evar in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black White atc 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married 21215-0020 1 ☐ Yas 2 No Specify þ Specify: BLACK 3KWidowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiane. Elementary/Secondery (0-12) Collaga (1-4or 5+) ELEVATOR OPERATOR PRIVATE Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) . Pages 1 and 2 should be fill ment of Haalth and Mental Hant: If item 27 is marked oth jury or other treumstic even Be 10 ROBERT MONROE SARAH Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Numbar, City or Town, State, Zip Coda) MILTON B. SULLIVAN / SON 321 UNIVERSITY BLVD SILVER SPRING MD 20901 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ABurial 2 Cramation 3 Ramoval from State permit. Page Department o Important: If any Injury or ARBUTUS MEMORIAL GARDENS 3-13-98 4 ☐ Donation 5 ☐ Othar (Specify) BALTIMORE MD 21. Signature of Funaral Sarvice License 22. Nama and Addrass of Facility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE FORESTVILLE MD 20747 Immons P n1. Entar tha disaasa, or complications that caused tha daath. Do not enter tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failure. List only ona cause on each lina. Approximeta Intarval Batween Onset and Death **Physician** Parotic least deregie Immediate Cause (Final disaasa or condition resulting in daath) /Medicai Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed the bunal-transit and Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated avants rasulting In death) Last Dua to (or es e consequence of): P.O. Box 68760, physician Physician/Medical Dua to (or as a consequence of) usa as signed by the attail Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yes 2 | No Division of Vital Records, Completed by 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? paga 2 this cartificate 1 Yas 2 1 NO 1 Yas 2 No or Attending Physician: "after death.
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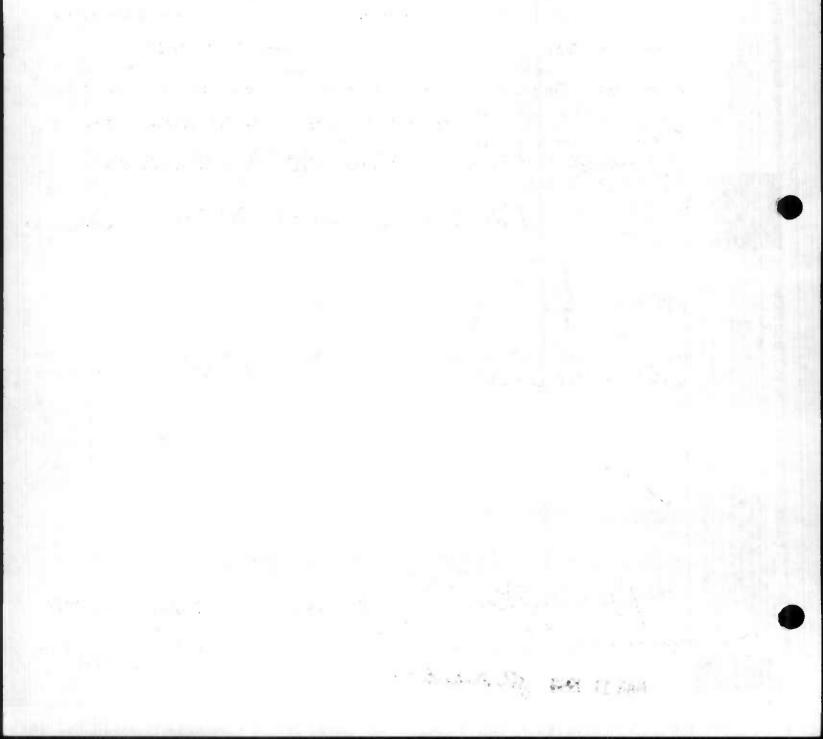
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State of Maryland / Department of Health and Mental Hygiene

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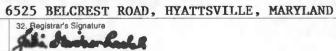
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State Registrar

NORTON ELSON, M.D.,
31. Dete filed (Month, Dey, Year) MAR 12 199



20782

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)



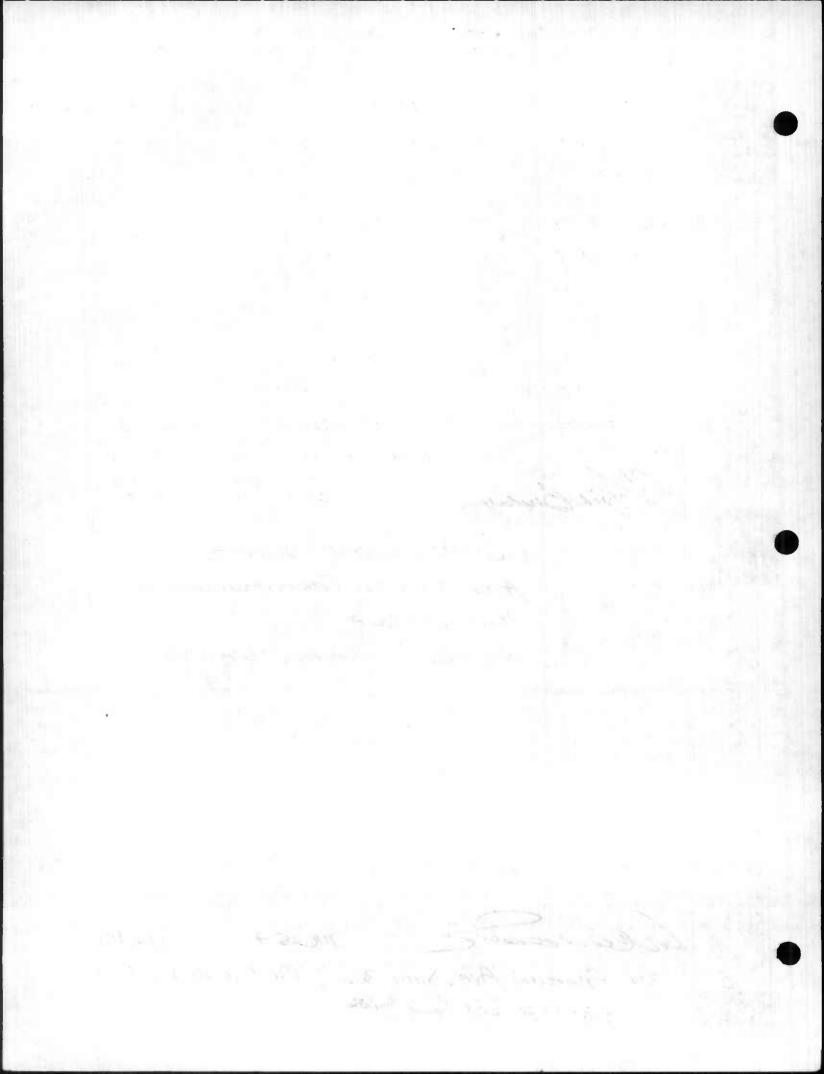
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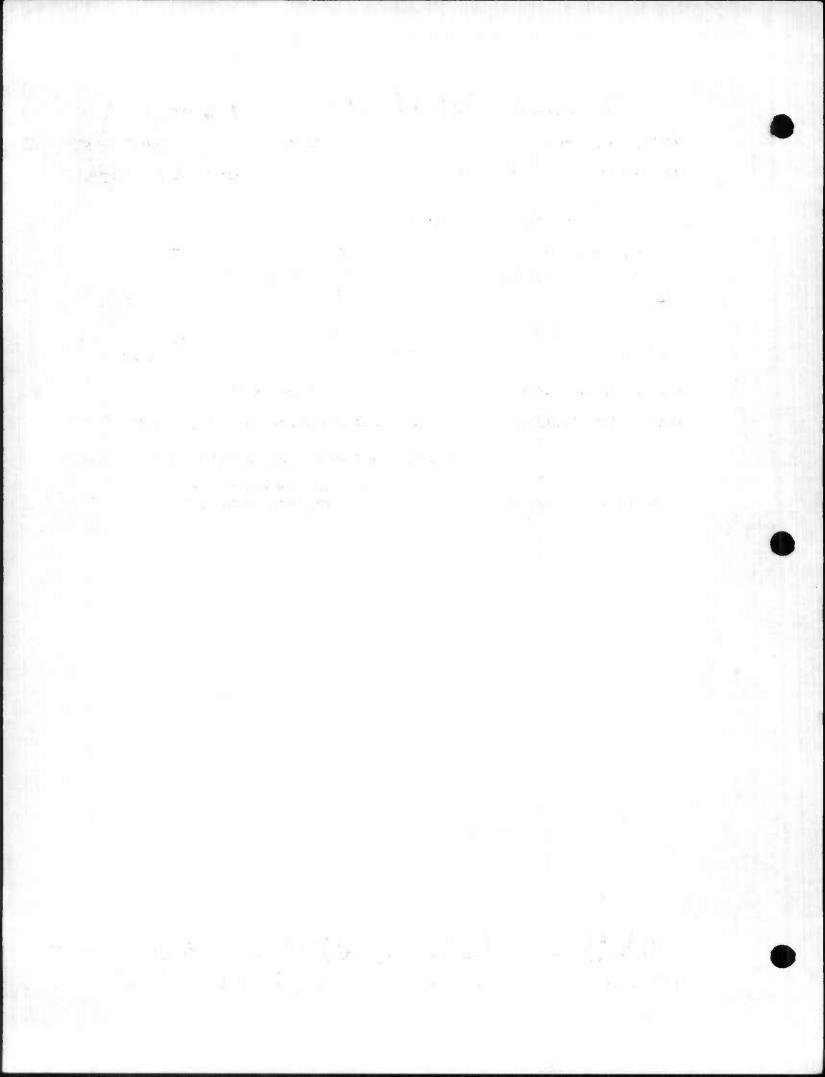
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To the Hospital or Attending P within 24 hours efter death. To the Funeral Director: Aftert completely filled in by the funeral	edical	3 Sulcide 4 Homicide 6 Could not determin 29a. Certifier (Check only one) 29b. Signature and title of certifier 30. Neme end eddress of person w	Physician: To the best of cardinarines, ste	f my knowled examinetion ted.	end/or invest	29c. Licen	opinion, deeth occu	2	9d. Date signed	end due to the	cause(s)



State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.	UD	091
П	Physici	an	1. Decedent's Neme (First, Middle, L.	est)	-0	1	11. E.E.		2. Dete of De Month	eth Dey	Yaer	3. Time of Deeth
1	/Medi		20 A	NN S	cku	4	HOTF		FEBRU	INFY Zi	1998	20
7	Examir	ner	4a. Facility Name (If not Institution, git 7719 Haines Cour					Laurel	Location of Deeth			
-	Funeral				(In yrs. lest b	irthday)	if Undar 1 Yaar	If Under 24 Hr			9. Birthple	
	Director		230-34-8123 Usual Residence of Decedent	1□M 2XF 66	5	Yrs.	Months Days	Hours Mir	Mar 1,	y, Year) 1931	Virg:	aca (State or Foreign ry) inia
	land land		10a. Stete 10b. County		10c. City, Tov	wn or Loc	cation				10	Od. inside City Limits
	Man	tor	MD Prince	George	Laure	1						1 Yes 2□No
	h with the 23a or 28	Funeral Director	10e. Street and Number 7719 Haines Cour	t			10f. Zip Coda 20707			10g. Citizen of USA	Whet Count	try?
0	72 hours after deeth with the Maryland "natural", or itema 23a or 28a-f show solcal Examiner must be notified at		11. Merital Status 1 Nevar Marriad 2 Married	12. Was Decedant E Armed Forces? 1 ☐ Yes 2 ☒ No if Yas, Giva			Ves Decedent of H Yas, specify Cub	fispanic Origin? (an, Mexican, Pue Specify:	Specify Yas or No rto Rican, atc.)		ce - Amarica ck, White, a	itc.
Maryland 21215-0020	uraf,	d by	3 X Widowed 4 ☐ Divorcad	Yeer or Detes:							White	
5	C 1.0	Completed	15. Decedent's E (Specify only highast gr	ade completed)		(Give I	ent's Usuel Occup kind of work done OO NOT use retire	during most of we	orking	18b. Kind of B		
212	Hygiene. ther than "	omp	Elementary/Secondary (0-12) Grade 12	College (1-4or 5+	S		tary	-,		United		es
pu	0 - 0 -	Be C	17. Father's Nema (First, Middle, Las	"				18. Mothar's Na	ama (First, Middla,			
yia		To	Samuel Eugene Ba	rtee				Elsie H	Iyden			
Jar	and and		19a, informent's Name/Reletionship						Rural Route Number	-		
	Heali Heali Her		Michael Schulhof: 20a. Method of Disposition	c/son			Mulberry skion (Name of	Street	Laurel,	20c. Location		
Baltimore,	90-2		1 ☒ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		cemete	ery, crem	etory or othar ple		2/24/98			
Ball	permit. Pag Department Important: I any injury o		21. Signeture of Funerel Servica Lieu	206		D		Funeral	Home, P		a 207	07_4389
	W (3)		23a. Pert1. Enter the dishe, or conshock, or heart failure. List only	plications that caused to	the death. Do	not ente	er the mode of dyle	ng, such es cardie	oc or respiretory a	rrest,	7.	Approximate Interval Between
ď	Physician				n			<				Onset and Death
1	/Medical Examiner		Immediate Causa (Finel disaasa or condition resulting In deeth)	. Cere	Drev	ASC	uLAR	Hecu	(en)			Minriles
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	outed	Examiner	Sequentially list conditions		Due to (or es e			COLD DE	ONISCULX	E UJU		Teurs
Ö,	e exectan ar		Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events									
68760,	tificete be executed 19 physician and as the buriel-transit	edical	thet initieted events resulting In deeth) Lest	C	ue to (or es e	consequ	uance of):					
	5 0 8	Me		d								
Box	the deeth cer y the attendir sched for use	clan							4			
P.0.		Physician/M	Pert II. Other significant conditions	contributing to death but	not resulting	In the un	dartying cause giv	van in Part I.	1			the cause of death?
	signed to	by P	CO KON HIEZ	1001 510	1 4	Lac	ano		1/2	Yes 2∐ No	3 🗆 Prob	ably 4 ☐ Unknown
Records,	requ	Completed		•					24a. Wes perfo	an autopsy rmed?	ava	re eutopsy findings liable prior to apletion of cause eeth?
	0 5 0	omp							101	res 2000		Yes 2□ No
ita	ysician: The is certificate director, pag	BeC	25. Wes case referred to medical					28. Plece of De	eath (Check only o			
> 1	Q 50 X	10	axeminer? 1 Yes 2 No	Hospitel: 1 Inpatien	t 2□ER/0	utpetient	3□ DOA Oth	ner: 4 Nursing	Homa 5 Rasio	denca 6 □Ott	er (Specify)
ono	Attending Ph or death. ector: After thi by the funeral		27. Mannar of Deeth 1. Naturel 5 Pending 2 Accident Investigatio	28e. Dete of Injury (Month, Dey		Time of Injury	28c. Injui Wor M 1 □	yet rk? Yes 2 □ No	28d. Describe i	now Injury occur	red	
Division of Vital	after des Director d in by th	Certification:	3 Suicida 6 Could not be determined		y - At homa, fo (Specify)	erm, stra	eat, factory, offica		28f. Location (S City or Tox	Street end Numi vn, Stete)	ber or Rural	Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29e. Certifier (Check only one) 1 Certifying Pt 2 Medical Example (Check only one)	nysician: To the best of miner: On the basis of e end menner stete	xaminetion er	e, deeth nd/or inv	occurred et the tir estigetion, in my o	me, dete end plec pinlon, deeth occ	e, and due to the urred et the time,	ceuse(s) and m date end plece,	enner as sta and due to	ated. the cause(s)
	within To the	Me	29b. Signeture and title of ourtifier	n 11	1.		29c. Licens	e number		29d. Deta signe	d (Month, D	Day, Year)
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	20		30. Name and address of person who	Ua ErEN	3.7	1/2	Print)	exe St	Laur	el. W	wash.	and 20707
	Sta Registr	_	31. Dete filed (Month, Day, Year) FFB 2 3	1998 Juna	's Signetere	Ran	lall.	0				

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 21, 1998 Frederick Hand Stires February 4:00 am 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 3569 Fort Meade Road #402 Laurel Anne Arundel 6. Dete of Birth (Month, Dey, Year) 1918 If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Ohio Months Deys 1XM 2□ F Yrs 005-30-4899 80 Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Anne Arundel Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3569 Fort Meade Road #402 20724 USA 12. Was Decedent Ever in U,S. Amped Forces? 1 N Yes 2 No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married If Yes, Give Year or Detes: 1939-59 1 ☐ Yes 2 No Specify: Specif White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) Soldier United States Army 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Frank Stires Frances Hand 19e. fnformant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3569 Fort Meade Road #402, Laurel, Maryland 20724 Eva N. Stires/spouse 20b. Plece of Disposition (Name of cemetery, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremetion 3 ☐ Removel from Stete 2/21/98 Catonsville, Maryland Metro Crematory, Inc. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetara of Funerei Service Llowfillum 22. Name end Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Pert1. Enter the shock, or heart e, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, List only one ceuse on each line. Immediate Ceuse (Fine) disease or condition resulting In deeth) Pneumonia months Due to (or es a consequenca of): Interstitial Luna Distase Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Immuno suppression Due to (or es a consequence of): predmisone 23b. Did tobacco uss contribute to the causa of death? 1 Yss 2 No 3 Probably 4 Unknown 24e. Wes en autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. Stete

Director

Funeral

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Completed

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Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Machinal Experiments 200.000.

Physician/Medical Exam þ Completed

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Certification:

Medical

ettending physician and for use es the burial-transit signed by the e been sig page 2 s cartificata has this funeral death. after deat filled in by hours a 24 hours

The law requires that the death certificate be axecuted

or Attending Physician:

Hospital

Division of Vital Records, P.O. Box 68760,

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert 1. 24b. Were eutopsy findings evaileble prior to completion of cause of death? 1 ☐ Yes 2 1 ☐ Yes 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of fnjury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner so steted.

Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29e. Certifier (Check only one)

To the Hosp within 24 ho To the Fune completaly f

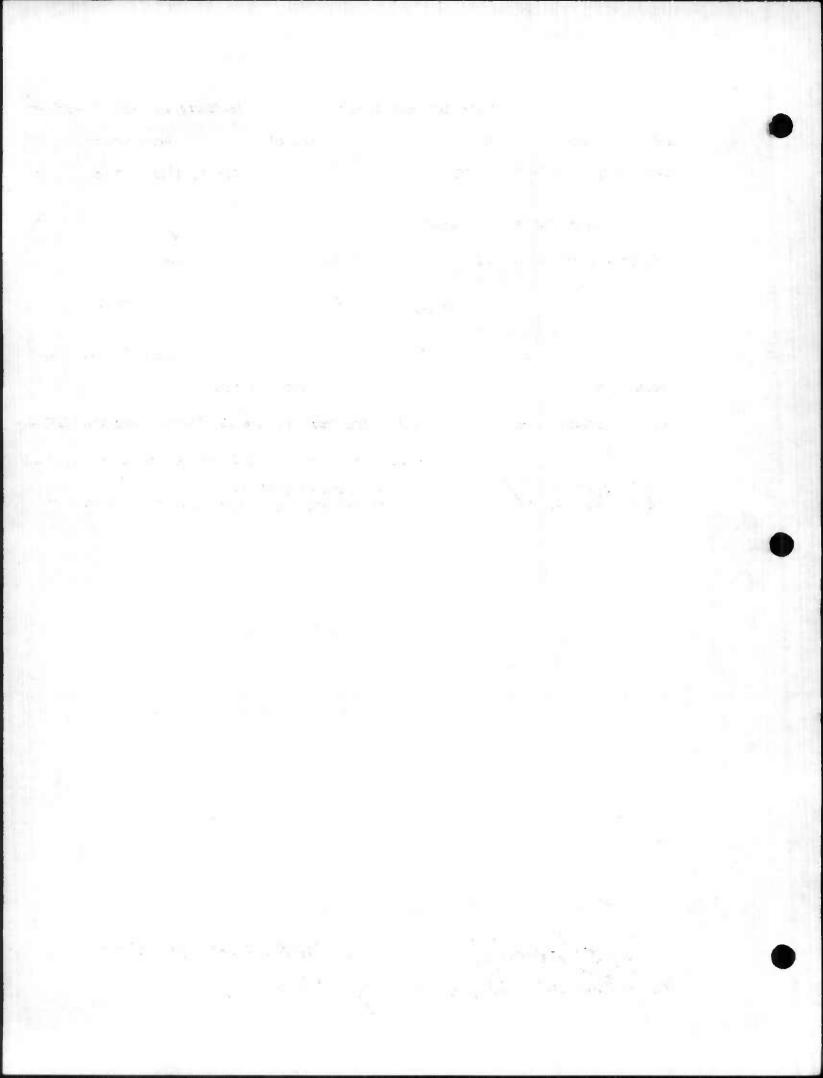
29b. Signature and title of

29d. Dete signed (Month, Day, Year)

of deeth (Item 23e) (Type, Print) 30. Neme and

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State Registrar



		State of	Marylan	d / Department of F Certificate of			jiene 9 8 leg. No.	09693
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Examin Funeral Director	er	219-30-1071 1 M 2 XF	HOSP 7. Aga (In yrs. li	ITAL last birthday) If Undar 1 Yaar	4b. City, Town, or Loc LANHAM If Undar 24 Hrs. Hours Min.	8. Data of Birth	Year)	of Death CE GEORGES 9. Birthplaca (Stata or Foraign Country) South Carolin
srylend show		Usual Rasidance of Decedant 10a. Stata 10b. County		y, Town or Location				10d. Inside City Limits
death with the Meryland	Director	MD 10e. Street and Number	BA	ALTIMORE 10f. Zip Coda		1	0g. Citizan of V	1 X Yas 2 No What Country?
s 23a	rall	2122 NORTH WOLF ST			213			S.A.
020 urs after de	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 12. Was Dacet Armed For 1 Yas 3 ff Yas, Give	cas? 2 X No	S. 13. Was Decedant of H If Yas, specify Cuba 1 Yas 2 No		ican, atc.)	Blac	a - Amarican Indian, kk, Whita, atc.
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryler Department of Heelih and Mental thygiene. Important: If Itam 27 is marked other than "natural", or items 23e or 28e-1 show any injury or other traumatic event, the Medical Examination profit and once.	Completed	15. Decedant's Education (Spacify only highast grada complated) Elementary/Secondary (0-12) College (1-	4or 5+)	16a. Decedant's Usual Occup (Giva kind of work dona lifa. DO NOT use retired	during most of working d)	g		isinass/industry
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lary should be mark		19a. Informant's Nama/Relationship (Typa, Print)		19b. Mailing Address (Straat	and Number or Rural	Route Number	City or Town,	Stata, Zip Code)
e, N 1 end 1 end 1 heelth rm 27 ther tr		ALBERT SMITH - SON 20a. Mathod of Disposition	20h B	3306 HEIDE 1	LANE, SPI			
nor sages entor It. If he you o		1 M Burial 2 □ Cramation 3 □ Removal from S 4 □ Donation 5 □ Other (Specify)	itata	ematery, cramatory or other place		3-		City or Town, Stata
Baltimore, permit. Pages 1 er poperant of Hee important: if tam 2 ery injury or other once.		21. Signature of Edneral Servica Licanse	HAN	RMONY MEMORIA 22. Nama and Addre				ER, MARYLAND_ ICES, INC.
al		23a. Part 1. Enter tha disease, or complication, if at cashock, or heart fallura. List only one cash on aa	used tha daath ch lina.	1722 NORT	TH CAPIT(ng, such as cardiac or	OL ST.	, NW W	Approximate Interval Batween Onsat and Death
Physician / /Medical Examiner		Immediata Causa (Final disease or condition rasulting In death)	gesti	ve Hear	Fearly	ne.		24-48 172.
P	iner		Seps					5-7 Days.
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Box 68 leeth certifice attending ph	Physician/Med	rasulting in daath) Last						
P.O. E et the dee d by the att	yslci	Part II. Other significant conditions contributing to das	ith but not resu	ulting in the underlying cause giv	ven in Part I.	23b. Did to	bacco use cor	ntributa to the cause of death?
S, P.O. as thet the deligned by the be deteched	by Ph	Carcinoma Co	lon -			1 🗆 Y	es 2 No	3 ☐ Probably 4 ☐ Unknown
COrd	Completed b	COPD.				24a. Was a perform		24b. Wera autopsy findings available prior to completion of cause of death?
I Rec	mo:	Anaemia.				1□ Ya	as 2 No	1 ☐ Yas 2 ☐ No
Vital I	Be	25. Was case refarred to madical axaminar?		011	26. Place of Death	(Check only on	(e)	
Of Physi Physi or this coral din	2	1 Yas 2 Hospital: 1 In In 27. Mangar of Death 28a. Data of		ER/Outpetiant 3 DOA Oth 28b. Tima of 28c. Injur	4 Indising Hom		ence 8 Othe	
ion nding ath.	atlor		, Day Year)	Injury Wor	k? Yas 2□No		,,	
Division of Vital tall or Attending Physician: The ster death. In Director: After this certificated in by the funeral director, pa	Certification:	3 Suicida 6 Could not be determined 28a. Placa o building	of Injury - At hor g, atc. (Specify)	ma, farm, straet, factory, office	28	3f. Location (St City or Town	reet and Numb n, Stata)	er or Rural Routa Number,
Division of Vita To the Hospital or Attanding Physician: Whithis 24 hours after deals. To the Funeral Director: After this certification of the funeral director, completely filled in by the funeral director,	edicai	29a. Certifiar (Check only one) (Cartifying Phyaician: To the base and manner)	ils of axaminati	vladga, daath occurred at the tin ion and/or invastigation, in my o	ma, data and place, an pinlon, daath occurred	nd dua to tha ca d at the tima, da	ause(s) and ma ata and placa, a	nner as stated. and dua to tha causa(s)
Tot With Tot Com	Σ	29b. Signatura and title of partifier SAcy/5	MD	29c. Licans D 4	2580		03-11	(Month, Day, Year) -98
		Nama and address of person who complated causa PARMSIT S. AUSLAM.	of death (Itam 0 5632	2 Annapolis Ko	d STE#	13. 130	BOGNES	BURG MO-
Stat Registra		31. Data filed (Month, Day, Yaar) MAR 13 1998 ALL	ylstrar's Signatu	Rand of				

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Theartis Marie Stephens 6:00 PiMi 1998 March 1. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Prince George's Oxon Hill 5451 Woodland Blvd. If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 8. Data of Birth (Month, Day, August 3, 7. Aga (In yrs. last birthday) 1 ☐ M 2 🗓 F 48 **Yrs** North Carolina 237-86-6578 Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Oxon Hill Prince George's Mary land 1X Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? USA 20745 5451 Woodland Blvd. 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 ☐ Yas 2 XXVo B1ack Specify: 3 Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) P.G. County Public Schools Cafeteria Assistant 18. Mothar's Nama (First, Middla, Maidan Surnama)
Thelma Springs 17. Fathar's Nama (First, Middla, Last) James Springs 19a. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Straet and Number or Rural, Route Number, City or Town, State, Zip Code)
545 | Woodland Blvd. Oxon Hill, Mary land 20745 Mr. Joe Louis Stephens (Husband) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from Stata
4 Donation 5 Other (Specify) National Harmony Memorial Park 3/7/98 Landover, Maryland 21. Stonature of Funaral Saryice Licensee 22. Nama and Addrass of Facility Rollins Funeral Home, Inc. 4339 Hunt Place, N.E. Washington, D.C. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting In daath) 13 Years Metastatic Breast Carcinoma Dua to (or as a consequence of) Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🖾 Unknown 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? 1 ☐ Yas 2 KNO 1 Yas 200 No 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Chasidance 6 Othar (Specify) 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 X Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

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Certification: To

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Funeral

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permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 Is merked other than "naturel", or items 23a or 28a-f show any injury or other treumstic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

attending physician end for use as the burial-transit The law requires that the death certificate be executed signed by the a hes page 2 certificate funeral director, After this

Division of Vital Records, P.O. Box 68760, or Attending Physician: n 24 hours after death se Funeral Director: A bletely filled in by the f To the Hosp within 24 hou To the Fune completely fi

State Registrar 29b. Signatura and titia of cartifian Rita Gupta, MD

29c. Licansa number

CLINTON, MO 2073

15 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

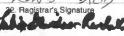
29d. Data signed (Month, Day, Year)

Location (Street and Number or Rural Routa Number, City or Town, Stata)

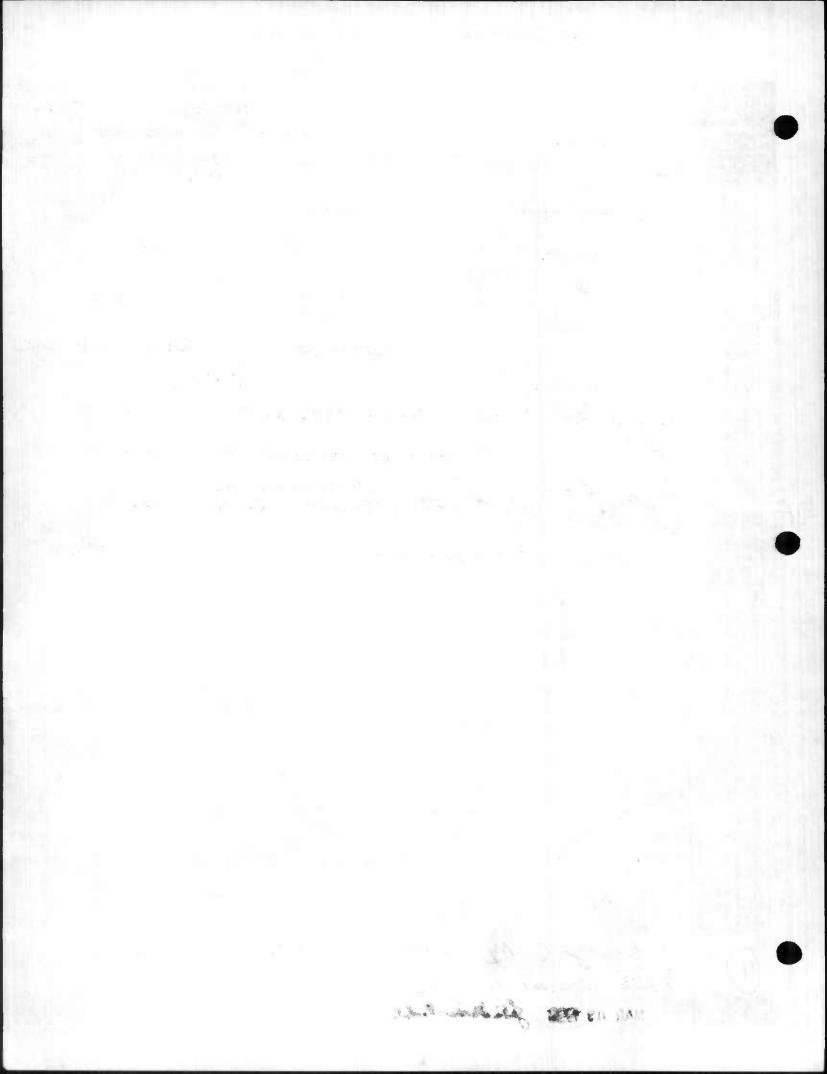
30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

wardyald

31. Data filad (Month, Day, Yaar) MAR 09 33



Place of injury - At homa, farm, straat, factory, offica building, atc. (Specify)



State of Maryland / Department of Health and Mental Hygiene

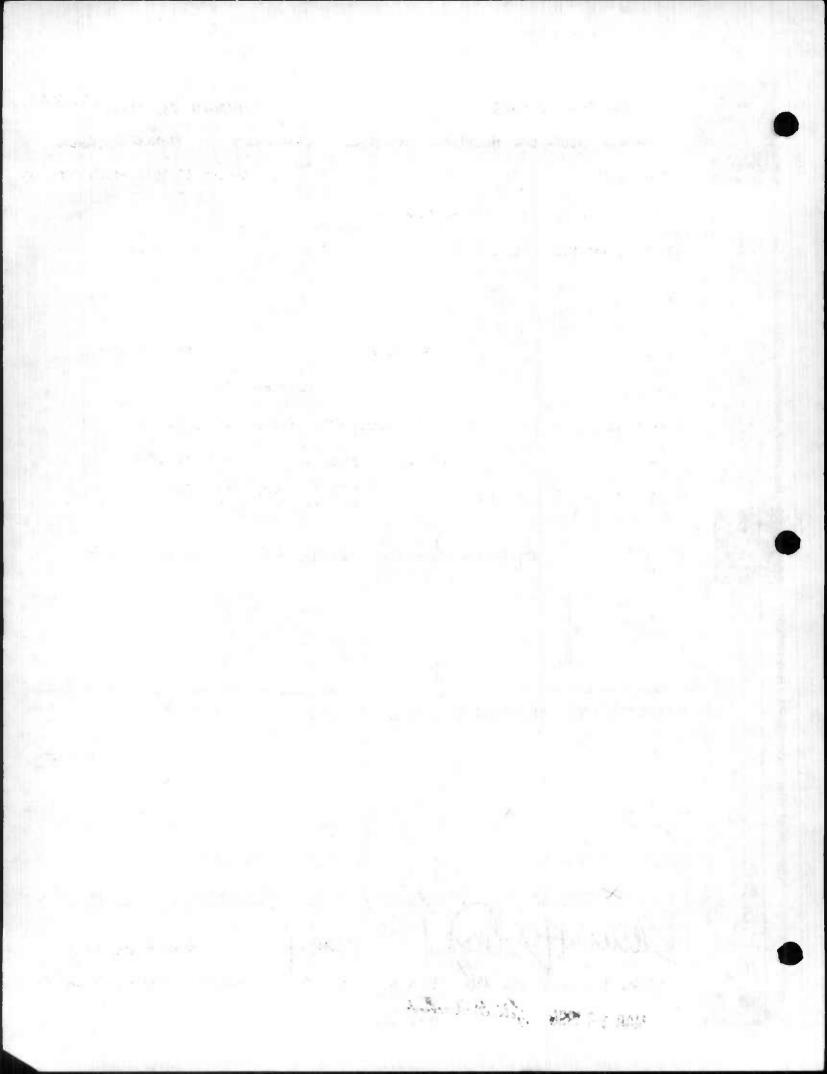
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 01:50 AM MARCH GENEVA SIMMS /Medical 4a. Facility Neme (If not Institution, give straat end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES CHEVERLY 7. Age (In yrs. lest birthday) If Under 1 Yaar Months Deys If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Sacurity Number Birthplece (State or Foreign Country) **Funeral** 1□ M 2X F Director August 16,1922 North Carolina 578-24-3952 suel Residence of Decedent the Maryland 10a. Stete 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified D.C. N/A Washington 1 Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ 20011 U.S.A. 329 Farragut Street N.W. 238 Funeral daath items ; 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ऒ No If Yes, Give Yeer or Detes: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. filed within 72 hours after 1 □ Never Merried 2 □ Married 21215-0020 "natural", or Specify: Black 1 ☐ Yes 2 X No Spacify: by 3 Widowed 4 □ Divorcad permit. Pages I and 2 should be filed within 72 hc Department of Health and Mental Hygiena. Important: If Item 27 Is marked other than "natur any Injury or other traumatic event, Ins Wedical Once. Completed 15. Decedent's Education (Specify only highast grade complated) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Private homes 12th Domestic Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Margaret Shaw Sam Hood 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 329 Farragut St. N.W., Washington, D.C. 20011 Leroy Hood - Son 20a. Method of Disposition 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) Dete 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3-14-98 Fort Lincoln Cemetery Brentwood, MD 21. Signature of Funerel Sarvice Licensaa 22. Name and Address of Fecility Marshall's Funeral Home, Inc. 23e. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest,

Approxime Approximete Intervel Betwaen Onsat and Death **Physician** /Medicai Immediete Ceuse (Final . HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISHASE diseesa or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest for use as the burial-tran Due to (or es e consequence of): Box 68760. Physician/Medicai Dua to (or es e consequence of): P.0. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS TYPE TO WITH COMPLICATIONS Records, 2 Completed 24b. Were eutopsy findings aveitable prior to complation of causa of deeth? 24e. Wes en eutopsy performed? this cartificata has been 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residanca 6 Other (Specify) 2 Inpatiant 2□ ER/Outpetient 3□ DOA 27. Menner of Deetl
1 ANatural
2 □ Accident 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred Aftart 5 Pending investigation To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A complataly filled in by the fi death. 1 Yes 2 No 6 Could not be 28e. Place of Injury - At home, farm, straet, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steled.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner steled. edical 29e. Certifier (Check only one) 29b. Signatury 29c. License number 29d. Date signed (Month, Dey, Year) MAKCH 08, 1998 HOSPITAL DIRVE, OHEVERLY, MARYLAND 20785 3001 MARIO F. GOLLE 31. Date filed (Month, Day, Year) 32 Registrer's Signature State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 98

Physicia	_	1. Decedant's Nama (First, Middla, Las	1)					2. Data of Dea		V-1-	3. Tima of Dea
/Medica	_	KATIE M. STEPH	ENS					March	7 Day 199	98	1:00 PI
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uneral rector		5. Social Sacurity Number 230-16-4632 Usual Rasidance of Dacedent	X 7. Aga □M 2⊠ F	(In yrs. last birthday 92 Yrs.	Months		Under 24 Hrs. lours Min.	8. Deta of Birt (Month, Da) July 2	, Year) 4, 1905	9. Birthpi Coun Viro	ace (Stata or Foi try) inia
ahow ad at	-	10a. Stata 10b. County		10c. City, Town or L	ocation					11	Od. Inside City Li
28a-f aho	to	Maryland Prince Ge	eorge's	Largo							1 X Yas 2 □
23a or 28a-f	al Direc	10e. Street and Numbar 817 New Orchard	Place		10f. Zip C	oda 1774			10g. Citizan of V		try?
	by Fur	11. Marital Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Wes Dacedant E Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:	var In U,S. 13.	Was Deceda If Yas, specifi 1 ☐ Yas 2 ☐			ecify Yes or No- Rican, atc.)	14. Race Blee Specify	e - Americ k, Whita, a Bla	atc.
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trau		John A. Stephens		l l	_				Maryla		
other tr	1	20a. Mathod of Disposition	3011	20b. Place of Disp cematary, cra				Data	20c. Location -		
Important: If item 27 is marked other than any injury or other traumatic event, tha Ma once.		1 ☐ Burial 2 ☐ Cramation 3 ☑ F 4 ☐ Donation 5 ☐ Other (Specify)		Highland	Buria	a <i>r place)</i> I Par	k C)3/14 1998	Danvill	e. V	irginia
Important: If any injury or once.	-	21. Signatura of Funarai Sarvica Licans			2. Nama and			990		, .	3
any ir	1	Nancy A. 1	Percentie	J	. B. JI	ENKIN	S FUNER	RAL HOME	er, Mar	vlano	20785
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for u			ntributing to death but	not resulting in that			Part I.	23b. Did t	obacco use cor		the cause of de
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Month FRANCES ELEANOR SHIELDS 7:35AM 1998 /Medical MARCH 9. 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SUBURBAN HOSPITAL BETHESDA If Under 24 Hrs. MONTGOMERY If Under 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yeer) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours 1□ M 2/□ F 62 Yrs. 577-52-9428 Director JAN.26, 1936 SPARTANSBURG, SC Usual Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 le marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examinat must be nothed at Director ty Yes 2□No N/A N/A WASHINGTON, DC 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 4609 OUARLES ST. NE #2 20019 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes **②**OXNo If Yas, Give Baltimore, Maryland 21215-0020 1 ☐ Yes No Specify: BLACK p 3 Widowed 4 Divorced Yaar or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry filed within 7. Hygiene. other than "n. (PVT. INDUSTRY) Elementary/Secondery (0-12) College (1-4or 5+) COOK MARRIOTT CORP. 8th permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 Is marked othe any Injury or other traumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme, Be LEO PARKS TORA BELL PARKS (MAIDEN UNKNOWN) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) FRANK SHIELDS / HUSBAND 4609 OUARLES ST. NE #2 WASHINGTON, DC 20019 20b. Place of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Ramoval from State FT. LINCOLN CEMETERY 3-13-98 BRENTWOOD, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility MARSHALL'S FUNERAL HOME OF MD 21. Signature of Funeral Service Licensee 4308 SUITLAND RD. SUITLAND, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ISCHEMIA BOTH LEGS Examine Due to (or as e consequence of): Examiner ARTERIOSCLEROSIS physician end s the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): DIABETES Physician/Medical Due to (or as a consequenca of): as esn jo the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CHRONIC RENAL FAILURE ģ 24b. Were autopsy findings avaitable prior to completion of causa of death? Completed 24a. Was an eutopsy performed? Deed page 2 certificate 1 ☐ Yes 2 XNo 1 ☐ Yes 2 ☐ No Vital 25. Was case referred to medical axeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 X inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 🕱 No o this 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Natural Division or Attending 5 Pending deeth. 1 □ Yes 2 □ No investigation 2 Accident Director: 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to tha cause(s) and manner stated. 29a. Certifier Medicai (Check only one) Within 2 to the F Complet 29b. Signature apt title 29c. Licansa number 29d. Date signed (Month, Day, Yaar) MARCH 10, 1998 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Rrint) DR. HUGH TROUT 8218 WISCONSIN AVE. #204 BETHESDA, MD 20814 31. Date filed (Month, Dev. Year) 32 Registrer's Signature State MAR 11 Registrar

FRANCES

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month **Physician** ROBERT L. SCOTT March 1998 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SILVER SPRING HOLY CROSS HOSPITAL MONTGOMERY | If Under 1 Year | If Under 24 Hrs. | S. Date of Birth | 9. Birthplace (State or F | Months | Days | Hours | Min. | SEPT 15 1921 | VIRGINIA 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 1 M 2 □ F Yrs. Director 224 09 7282 Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "netural", or items 23e or 28s-f ehow any injury or other treumstic event, the Medical Examiner is until be notified at 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits D.C. WASHINGTON 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6001 20011 8th STREET, N.W. USA Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yes, Give Yaar or Dates: Was Decedent of Hispanic OrlgIn? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Mantal Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: BLACK Specify: þ 3 X Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) TRUCK DRIVER DIST. GOVT. 12 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be RASSIE SCOTT NANCY BOOTH 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) LAMONICA HARRISON/GRAND DAUG. 6001 8th ST., N.W. WASH. D.C. 20011 20b. Place of Disposition (Name of cometery, cremetory or other place)
GLENWOOD CEM. 20c. Location - City or Town, State 20a. Method of Disposition Date 3/12/98 1X Burial 2 □ Cramation 3 □ Removal from State WASH. D. C. 4 Donation 5 Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility WATSON F. H. INC. 3435 14th ST., N.W. 20010 23a. Part1. Enter the diseasa, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrast, shock, or haart failure. List only one ceuse on each line. Approximete Interval Batw Onsat and Death Physician /Medical Immediate Causa (Final disaase or condition resulting in deeth) a. Respiratory failure

Due to (or as a consequence of): Examiner Preumonia or Attending Physicien: The law requires that the death certificate be executed Sequentially list conditions, If any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initiated events rasuiting in death) Last pue Due to (or as a consequence of): P.O. Box 68760, Physician/Medical decubitus Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Hypertension tract infection certificate 1 ☐ Yes 2 ☐ No UTIMARY Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To nours efter death.

neral Director: After this of filled in by the funeral dia this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation Natural Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide To the Hospital within 24 hours e Hospital 1 Medicat Examiner: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier ompletely (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 3 - 7- 1998 Do0 52255 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) Silver string, M.D. 20910 Ave. # 404 B 8609 32 Registrar's Signature 31. Date filed (Month, Dey, Year) State MAR 11 1998 Registrar

State of Maryland / Department of Health and Mental Hygiene

Dhysici	ian	Decedent's Neme (First, Middle, Last)					2. Date of De Month	ath	Year 3. Time of Dea		
Physici /Media		Howard		Smith	i		MARCH		98 08:50		
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		PRINCE GEORG		PITAL	CENTER	CHEVE			JUE GEORGE		
Funeral Director		-0. 22 2323 A	7. Age (III	76 Yr	Months Days		8. Date of Bir (Month, Da Decemb	1921 y, Year) er 27,	9. Birthplace (Stata or Fo Country) West Virgin		
A 11		Usual Residence of Decedent 10a. State 10b. County	10	c. City, Town o	or Location				10d. Inside City Li		
Fig.	ctor	Maryland Prince G	Georges	Fore	stville				1 Yes 2		
23a or 28	Funeral Director	10e. Street and Number 1307 Woodlark Dr	rive		10f. Zip Code 207	47		10g. Citizen of V United			
"natural", or items 23a or 28a-f show solical Examiner must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowad 4 Divorcad	2. Was Decedent Eva Arned Forces? 1427 es 2 ☐ No If Yes, Giva Year or Dates:	r in U,S.	13. Was Decedent of If Yes, specify Cul		pecify Yas or No Rican, etc.)	14. Race Blac Specify	e - American Indian, k, White, etc. Black		
than "natur	Completed	15. Decedent's Educi (Specify only highest grade Elementary/Secondery (0-12)	15. Decedent's Education (Specify only highest grade completed) Give kincle Give			Usual Occupation If work done during most of working OT use retired) Cruction Worker			16b. Kind of Business/Industry		
in the		17. Fathar's Name (First, Middle, Last)			Constructi	18. Mother's Nam			ruction		
2 O O	To Be		hington	Smith		Alice	o (i noi, madio,		llingsworth		
7 is marked o	-	19a. Informant's Name/Relationship (Typ		19b. N	Mailing Address (Stree	at and Number or Ru	ral Route Numbe				
m 27 I		Decarol Smith (ni 20a. Method of Disposition 1 Disposition 3 Re	2	Ob. Place of D cemetery,	isposition (Name of cremetory or other pla	ace) March 1	4, ^D 1998	20c. Location -	rland 20747 City or Town, State		
tant:		4 Donation 5 Other (Specify)		Nation					, Maryland		
important: If its any injury or of		21. Signature of Enhand Service Licenses	bitt	_					ineral Home, ion, D.C. 2002		
/sician		SHOCK, OF HEART FAILURE. LIST ONLY ONE	ceuse on each line.	death. Do not	t enter the mode of dy	ing, such as cardiac	or respiratory as	rest,	Approximete Interval Between Onset and Deat		
ysician ledical aminer	ier	Immediate Cause (Final disease or condition resulting in death) a.	ARTERUS		TIC CARDI				Interval Between		
ledical aminer	cai Examiner	Immediate Cause (Final disease or condition resulting in death) a.	ARTERIO S	to (or as a con	CARDI nsequence of):				Interval Between		
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State of Maryland / Department of Health and Mental Hygiene

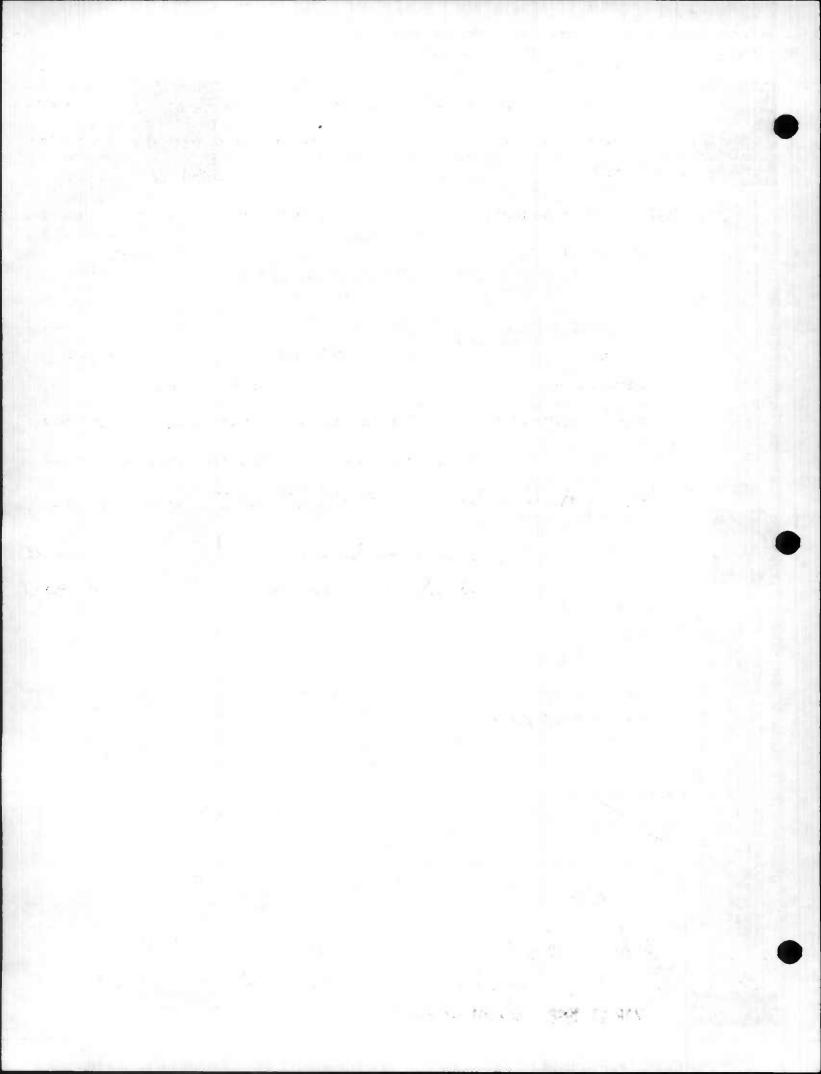
						Cen	tificate of	Death		Reg. No. 9	3 09)/00
П	Physic	ian	1. Decedent's Neme (First, Middle, La	st)	F				2. Dete of De Month		Year	3. Time of Death
	/Medi		Doris	s Ian		Se			March 1	0. 1998		11:10 A.M.
Ď,	Exami	ner	4e. Fecility Neme (If not institution, give street end number)					4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
-			6625 St. Barna 5. Sociel Security Number 6. S		yrs. lest bi	intholous	If Under 1 Year	Oxon Hi	11	Princ	ce Geor	rge's
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	Maryland a-f show	ctor	Maryland Prince George's Oxon Hill							10d	f. inside City Limits 1 ☐ Yes 2 ☑ No	
	th with the	by Funeral Director	10e. Street end Number 6625 St. Barnabas	s Road	-		10f. Zip Code 2074	¥5		10g. Citizen of U	What Country	n
21215-0020	gas 1 and 2 should be filed within 72 hours after death with the Manyland of Health and Mental Hygiens. If of Health and Mental Hygiens. If of Health and Mental Hygiens. If of health and mental the health and the hour content traumatic event, the Medical Examiner must be notified at		11. Maritel Stetus 1 Never Married 2 Merried 3 NWidowed 4 Divorced 12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		in U,S.		Yes Decedent of H Yes, specify Cub	dispenic Origin? (S an, Mexican, Puel Specify:	Specify Yes or No- no Rican, etc.)		ce-American ck, White, etc White	
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gre	ducation de completed)	16e	. Decede	ent's Usuei Occup	petion during most of wo d)	orkina	16b. Kind of B	usiness/Indus	stry
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ary	should Ind Men	-	19e. informent's Neme/Reletionship (196	o. Meiling	Address (Street	and Number or P	Pural Route Numbe			ode)
7.7	alth e 27 is		Frank B. Seal, J	r /Son					W. Augus			
ore	of He item		20a. Method of Disposition	2	0b. Piace 0	f Disposi	ition (Neme of etory or other pla		Dete	20c. Location		
Baltimore,	P P P		1 ☐ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				oln Ceme		3/13/98 I	Brentwoo	od Mai	rvland
alt	permit. Peg Depertment Important: If any Injury o		21. Signature of Funerel Servica Licen	9920	101.6	22.	Name end Addre	ess of Fecility	Funeral H	r	,	i y staria
•••	20 5 2 9		Heaungy.	PKales	/				i. Oxon F		1 207/	4.5
-			23e. Part1. Enter the disease, or comshock, or heart feil fre. List only	plications that caused the	death. Do	not enter	the mode of dyir	ng, such es cardia	c or respiretory er	rest,	A	pproximete nterval Between
	Physician /Medical Examiner		immediate Cause (Finei disease or condition resulting in death)	· CARDIA	C A						0	Inset and Deeth
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/ita	iclan: The certificeta rector, peg	Be	25. Wes case referred to medical exeminer?					26. Place of De	eth (Check only o	(e)		
of \	hys his al di	2	1 ☐ Yes 2 ☑ No		2□ER/Ou	utpetient	3□ DOA Oth	4 Li Nursing i	Home 5 PAesid	ence 6 Oth	er (Specify)	
Division (al or Attending Physician: after death. I Director: After this certific of in by the funeral director,	Certification:	27. Menner of Deeth 1 DNeturei 5 Pending 2 Accident Investigation		28b.	Time of Injury	28c. Injur Wor M 1□	y et rk? Yes 2 □ No	28d. Describe h	cribe how Injury occurred		
Divi	P 2 5 6	Certifi	3 Suicide 6 Could not be duting and	28e. Plece of Injury - building, etc. (Sp	At home, fe pecify)	erm, stree	et, fectory, office		28f. Location (S City or Tow		er or Rural A	loute Number,
	To the Hospital o within 24 hours af To the Funeral DI completely filled in	edical	29a. Certifier (Check only one) 1 ✓ Certifying Phyone) 2 ☐ Medical Example 1	ysician: To the best of my niner: On the basis of exer end menner steted.	knowledge minetion en	e, death o	occurred et the tirestigation, in my o	me, dete end plece pinlon, death occ	e, end due to the durred et the time, d	ause(s) and me lete end piace,	end due to th	ed. e cause(s)
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	(6)		30. Neme and eddress of person who	130-0XON HILL	ROAD	1204	rint)	•				
				OXON HILL, M	D. 2074	45						
	Sta Registr	_	31. Dete filed (Month, Day, Year) MAR 1 2 199	OXON HILL, M 32 Registrar's S	Signeture Licensia	LK						

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Item: 5 Per I	Informat Film G-758	1-10-98kete of Maryla	and / Department of H Certificate of L	lealth and Mental F Death	Hygiene 98	09701
Physician /Medical Examiner	(harles	Albert To	alley	2. Date of Month Warc.	h 4, 199	8 2:00 HM
Funeral Director	5. Social Security Number 7496	I view Road	S. lest birthdey) If Under 1 Year Months Days	If Under 24 Hrs. 8. Date of Month, May	Birth Dey, Year) 9. 8	inthplace (State or Foreign Country) Outh Carolina
with the Maryland a or 2884 show be notified at	Usual Residence of Decedent 10a. State 10b. County		City, Town or Location	DC		10d. Inside City Limits
frems 23	11. Marital Status 1 Never Merried 2 Mar	12. Wes Decedent Ever in Armed Forces?	If Yes, specify Cube	spanic Origin? (Specity Yes or n, Mexican, Puerto Rican, etc.)		nerican Indien,
121215-0020 led within 72 hours at Vojena. Ner then "natural", or nt, the Medical Exem Completed by F		If Yes, Give Year or Dates: at's Education st grade completed) College (1-4or 5+)	1 Yes 2 No 16a. Decedent's Usual Occups (Give kind of work done of life. DO NOT use refired Solution Solution	ation furing most of working	16b. Kind of Busines Defer	
Maryland 212 Maryland 212 dd 2 should be filed within th and Mantal Hygiana. 77 is marked other than traumatic event, the M To Be Comp	17. Fether's Name (First, Middle,		federal Es	18. Mother's Name (First, Mid Lilly Tollo and Number or Rural Route Nu	24	Zio Codol
Baltimore, Maryland 21215-C permit. Pages 1 and 2 should be filled within 72 hr. Department of Health and Mantal Hygiens. Important: if item 27 is marked other than "naturally or other traumatic event, the Madical once. To Be Completed	C 1 B	vington 3 □Removal from State	Place of Disposition (Neme of cemetery, cremetory or other place	view Road,	Beltimere, 200. Location - City	MD 21225 or Town, State
Baltii permit. P Departm Importar eny inju	21. Signature of Funeral Service	Licens Jeeness	22. Name and Address 383/ Georgath. Do not enter the mode of dying	J. Hoe. N.W.		Home on De gooll Approximate
Physician /Medical Examiner	shock, or heart failure. List Immediate Cause (Finel disease or condition resulting in death)	only one cause on each line.	or as a consequence of):	Inness		Interval Between Onset and Death
x 68760, artificate be assocuted ling physician and as as the burial-transit Medical Examiner	Cause (Disease or injury thet initiated events resulting in death) Last	c	(or as a consequence of):	ie Anenvo	BRCINDMI	9
Is, P.O. Box 6 as that the death certification by detached for use as by Physician/Me	Part II. Other significant condition	ons contributing to death but not re	esulting In the underlying ceuse give		1	rte to the cause of death? Probably 4 Unknown
aw requir				24a. W	Ves an autopsy enformed?	b. Were eutopsy findings available prior to completion of ceuse of death?
of Vital Re Invision: The Invision of Invitation of Invision of Invision of Invision of Invision of Invitation of Invision of Invitation	25. Was case referred to medice examiner?	Hospital:	☐ ER/Outpatient 3☐ DOA Othe	26. Place of Death (Check on	☐ Yes 2 No Ny one) esidence 6 ☐ Other (Sp	1 Yes 2 No
Division of the or Attending Phirs after death. The led in by the funeral led in by the funeral Certification: 7	27. Manner of Death 1 Natural 5 Pendii 2 Accident 3 Suicide 6 Could 4 Homicide determ	gation not be	home, farm, street, factory, office	Yes 2 □ No 28f. Locatio	be how injury occurred In (Street end Number or Town, State)	Rural Route Number,
Division To the Hospital or Attending Familia 24 hours after death To the Funeral Director: After complately filled in by the funer Medical Certification.	29a. Certifier 1 Certifylr (Check only one)	g Physician: To the best of my kr	nowledge, death occurred at the tim nation and/or invastigation, in my op	e, date and place, and due to t	the cause(s) and manner	as stated. ue to the cause(s)
To th comp	29b. Signature and title of certifie	- Amo	29c. License	5373	29d. Date signed (Mo	onth, Dey, Year)
		who completed ceuse of death (Ite T, M.D. 2009) 32_Registrar's Sign	DRUID HILL	Are BALT	v. mp z	1217
State Registrar		939	while			

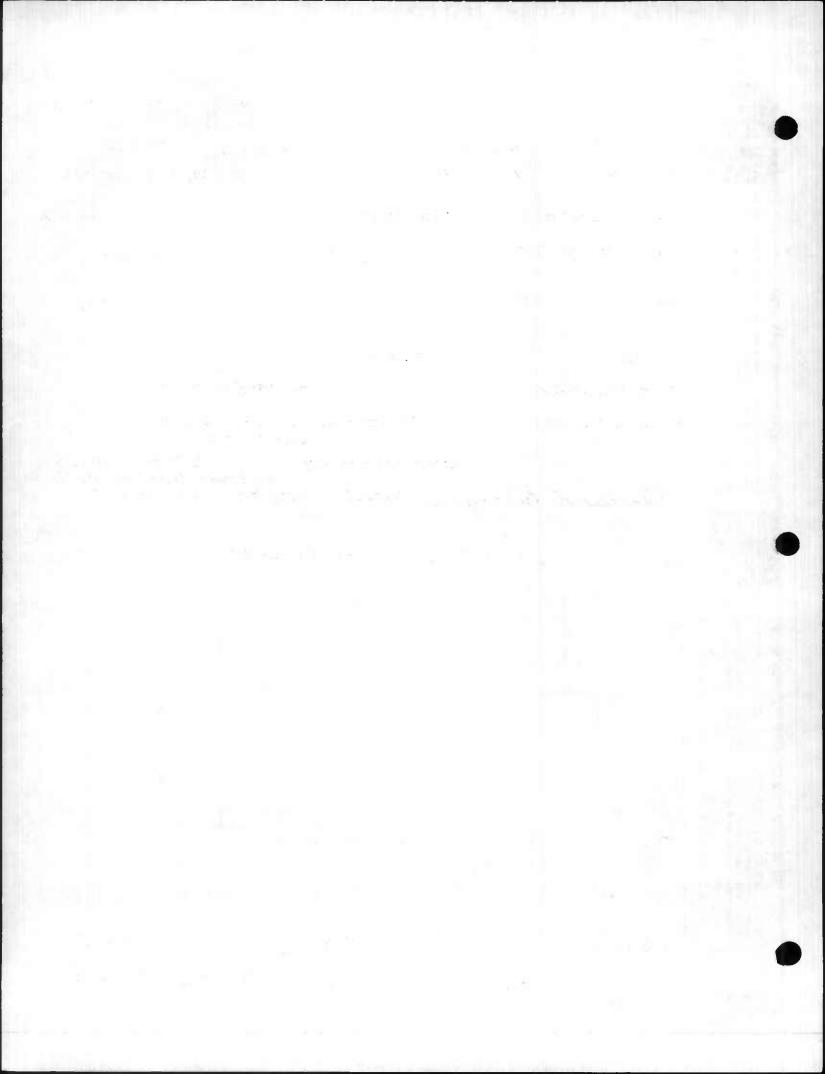
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** Eloise Alma Tenney 5:05 PM 07 03 98 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 6621 Stockton Lane Prince George's Hyattsville If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey. 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Months 1 M 2 KF 228-56-4577 Vrs 56 Director 08-25-1941 Virginia Usual Residence of Decedent tha Maryland 10e. Stete 10b. County 10d. Inside City Limits 10c. City, Town or Location 28a-f show rai', or items 23a or 28a-f shore Examiner must be notified at Maryland Prince George's Hyattsville Director 1 No Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6621 Stockton Lane 20784 USA permit. Peges 1 end 2 should be flied within 72 hours after deeth 1 Department of Health end Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatic event, in the Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 1 ☐ Never Married 2 Married 1 ☐ Yes 2201No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No **Black** þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) School Bus Driver 10th Government 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Robin Spinner Pearl Anderson 2 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Carroll Tenney/Husband 6621 Stockton Lane, Hyattsville, Maryland 20784 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 X Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 3/14/98 Landover, Maryland 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility J. B. Jenkins Funeral Home 7474 Landover road, Landover, Maryland 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed physician end the buriel-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of) P.O. Box 68760. Due to (or es e consequence of): as for use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? be datached 1 Yes 2 No 3 Probably 4 Unknown Thrambace Records, þ 24b. Were autopsy findings evallable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 1 Yes 21100 1 ☐ Yes 2 No certificate Division of Vital or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ AesIdenca 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 1 DNatural 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 5 Pending Investigation 1 Tyes 2 No 24 hours after death. Funeral Director: A 2 Accident 6 Could not be 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29e. Certifier 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner as stated. Medical completaly (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end manner stated. To the vithin 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 3/18/93 046366 30. Nermi and address of person who completed cause of death (Item 23a) (Type, Print) 1715 N. George Marin Da. Arlington UA 22205 M. Frigert 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State Registrar Ash Stoke Sand MAR 11



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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To the Hospital within 24 hours or To the Funeral Completaly filled	edicai	29a. Certifier (Check only one)	Certifying Phys Medical Examir	sician: To the best of ner: On the basis of end manner stat	examinetion e	e, deeth occurre nd/or Investigetio	d et ihe t on, in my	time, dete end plece optnion, deeth occu	e, end due to the urred et the time,	ceuse(s) end me dete end place,	enner es s end due to	teted. the ceuse(s)	
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Sta Registr	ite 'ar	31. Dete filed (Month, Da	Y T 8 19	98 32. Registra	r's Signature	Randall							



98-1278-033 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. jhm State of Maryland / Department of Health and Mental Hygiene SHARON Certificate of Death VAUGHN 1 Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Sharon C. Vaughn MARCH 8, 1998 20:16 PM /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street and number) 4c. County of Deeth **Examiner** Cheverly PRINCE GEORGES PRINCE GEORGES HOSPITAL 8. Date of Birth (Month, Dey, Yeer) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2804 Days Hours Min. Yrs. 577-92-9693 38 Director March 8, 1960 Washington, DC Usual Residence of Decedent the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at POKYes 2 No Director Maryland Montgomery Silver Spring 10e Street and Number 10g, Citizen of What Country? 9205 Metzerott Road Apt# B-5 20903 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritel Stetus filed within 72 hours after MXYes 2 ☐ No It Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ KNo Specify: Black Specify: 2 3 Widowed 4 N Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry I Hygiene. Veterans Affairs Elementary/Secondary (0-12) 12th College (1-4or 5+) Medical Clerk Baltimore, MD 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) is marked of should be Daniel Ruffin Cromartie Bertha Pender 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 sh Department of Health end Important: If Item 27 Is m any Injury or other traum page. Mary Cromartie (Sister) 5120 2nd St. NW Washington, DC 20011

20b. Place of Disposition (Name of cametery, crematory or other place)

Determine the company of the place of the cametery of the cametery of the place of the cameter of the place of 20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 3/14/98 Suitland, Maryland 22. Name and Address of Facility Latney's Funeral Home, Inc. 21. Signature of Funeral Service Licensee Walnuy Gumor 3831 Georgia Ave, NW Washington, DC 20011 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) dissigni HUNTIPLE DISORUS Examiner Due to (or as a consequence of) Examiner attending physician and for use as the bunal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence ot) cartificate be execu Physician/Medical Due to (or es e consequenca ot): 88 23b. Did tobacco usa contribute to the causa of death? Part II. Other stanificent conditions contributing to death but not resulting in the underlying cause given in Part I 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy tindings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? certificate hes 1 Yes 1 Yes 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner?
1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA After this 28b. Time of Injury 28d. Describe how injury occurred Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28c. Injury et Work? or Attending 1 Naturel 5 Pending PEDOSTRIAN STRUM BYDGAR 1 Yes 2 No 8 98 investigation 2 Accident after death Director: 28t. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 28e. Piaca of Injury - At home, tarm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 4 Homiclde 5500 BLK WALKER MILLED PRINCE GEORGE RODON BY 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner es stated. Medical (Check only one) 2 XMedical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Registrar

USMO MTS
31. Date tiled (Month, Day, Year)
MAR 13 1998

Mpue

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32 Registrar's Signature

A. Will Penn Street, Baltimore, Maryland 21201

MARCH 09, 1998

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme /First, Middle, Last 2. Dete of Deeth Month BENJAMIN FRANK VALENTINE 09 1998 7:00 PM March 4a. Fecility Nema (If not institution, give straat and number) 4b. City. Town, or Location of Death 4c. County of Death 3817 St. Barnabas Road #T2 Suitland Prince George's If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Days M 2□ F 81 247-24-7035 Yrs. 08-18-16 South Carolina Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A N/A Washington DC Yes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 39 Bates Street, N.W. 20001 USA 12. Was Decedent Evar in U,S Armed Forcas? Wes Decedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Detes: 1 Nevar Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: Black 312 Widowad 4 □ Divorced 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Chef 8th Government 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Dan Valentine Rosie Dozier 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) LaVora Valentine/Grandaughter 4405 Cornwall Court, Upper Marlboro, MD 20772 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stata Dete Munial 2 ☐ Cremetion 3 ☐ Removal from State Ft. Lincoln Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 3/13/98 Brentwood, Maryland 21. Signeture of Funaral Servica Licansee J. B. JENKINS FUNERAL HOME Sharles & Downso 7474 Landover Road, Landover, Maryland 20785 23e. Pert1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one cause on each line. Approximete Interval Betw Immediate Cause (Final disease or condition resulting in deeth) 5piratory Due to (or es e consequence Ve Sequentially list conditions, if any, leeding to immadiate cause. Enter Undartying Ceuse (Diseese or injury thet initieted events rasulting in deeth) Lest Dua to (or es e consequença of) Due to (or es a consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4√ Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 € No 26. Plece of Deeth (Check only ene) Relative's 25. Wes case referred to medicel Other: 4 Nursing Homa 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 X Rasidence 6 □Othar (Specify)

28d. Describe how Injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29d. Data signed (Month, Day, Year)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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Items 23a

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filed within 72 hours after death with

Baltimore, Maryland 21215-0020

Box 68760,

The law requires that the death certificate be

Examiner Be funeral Certification: 2

Physician/Medical by Completed 2

physician a been signed by the a certificate hes this After death.

Division of Vital Records, P.O. or Attending Physician: after death Director: / To the Hospital of within 24 hours at To the Funersi D completely filled I

> State Registrar

edicai

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MAR 12 19

31. Dete filed (Month, Dey, Year)

5 Pending

Invastigation

6 Could not be determined

27. Manner of Deeth

1X Naturel

2 Accident

4 I Homicide

3 Suicide

29e. Certifier

29b. Signatu

(Check one)



28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28c, Injury at Work?

😰 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.

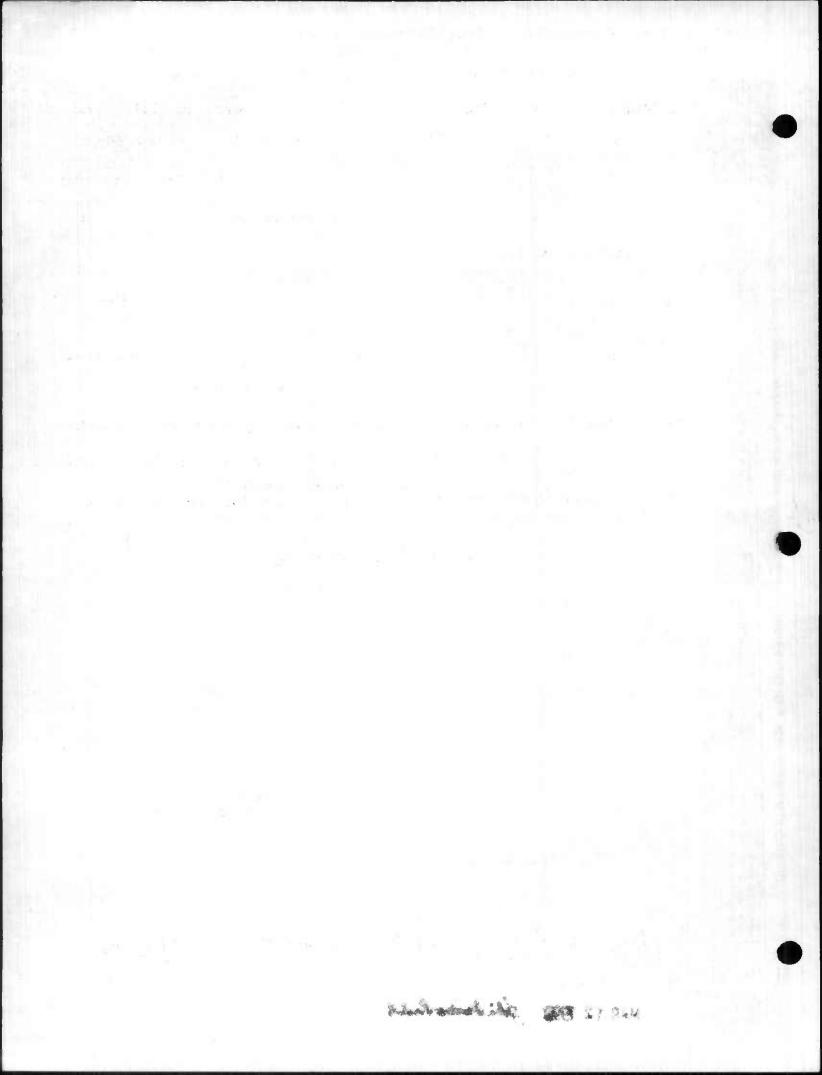
2 Medical Examiner: On the Vests of exeminetion end/or investigation, In my opinion, deeth occurred at the time, dete end placa, and due to the ceuse(s) and manner stated.

29c. License numbe

1 ☐ Yes 2 ☐ No

28e. Dete of Injury (Month, Dev Year)

32 Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 1453 Carl Louis Villaume March /Medical 4b. City, Town, or Location of Death 4e Facility Name (If not institution, giva street and number) 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Devs Hours Min. (Month, Dev, Year) 5 Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months 1X M 2□ F Deys Director 198-14-1203 74 Pennsylvania Usuel Residence of Deceden the Marylenc 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner must be notified at 1 Yes 2 No Directo MD Worcester Pocomoke City 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 1506 Linden Drive 21851 Funeral USA death 12. Was Decedent Ever in U,S. Armed Forces? 1€ Yes 2 □ No If Yes, Give Yaar or Datas: WWII Wes Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Bleck, White, etc. 72 hours efter 1 Never Married 2 AMarried Baltimore, Maryland 21215-0020 1 Yes 2N No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within:
Department of Health and Mental Hygiene.
Important: if flem 27 is marked other than 'n any Injury or other trauments. Elementery/Secondary (0-12) College (1-4or 5+) 12 Management Aircraft Maintenance 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) John Villaume Carolyn Koenig 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Geraldine Villaume (wife) 1506 Linden Dr., Pocomoke City, MD 21851 20b. Place of Disposition (Neme of cemetery, crematory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Salem United Methodist Cemetery 3/14/98 Pocomoke City, MD 21. Signature of Funeral Service Licensee 22 Name and Address of Facility Holloway-Melson Funeral Home Michael 23a. Part1. Enfer tha disaase, or complications that causad the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errest,

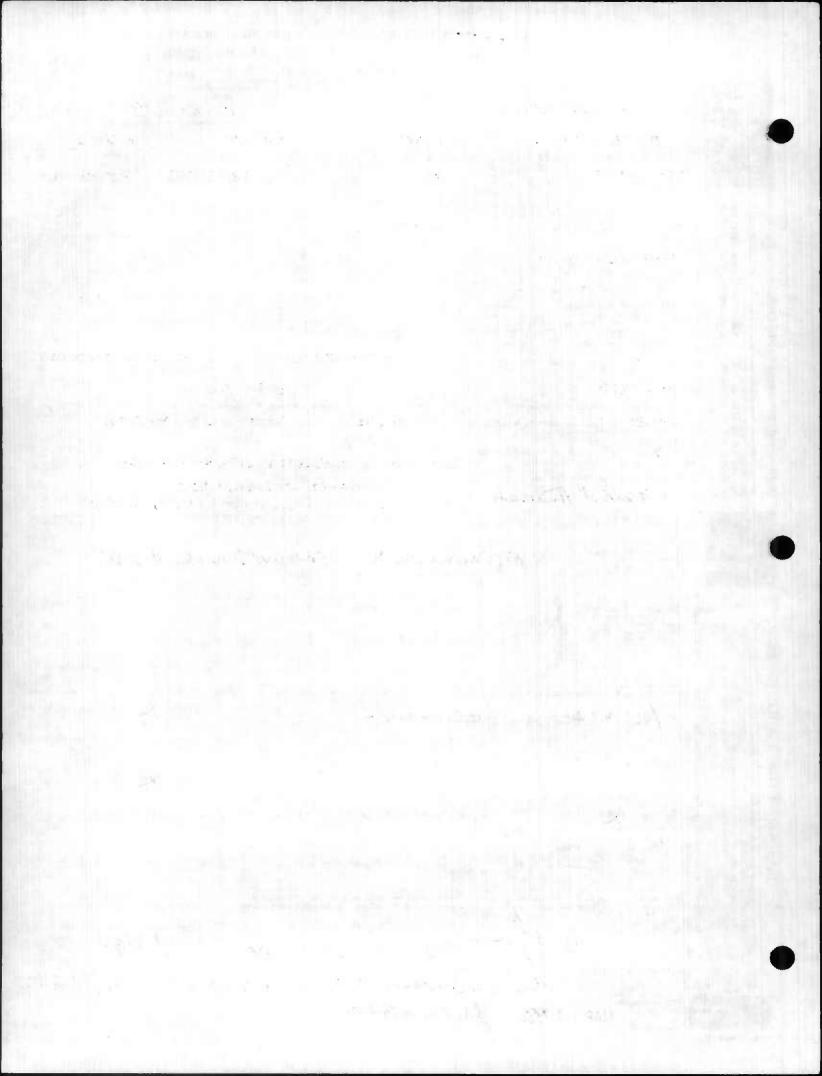
Approximately a such as cardiac or respiretory errest,

Approximately a such as cardiac or respiretory errest, Dean Approximete Intarval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ATTHENOSCIMOTIC CAMIOUASCUM MICHIES Examiner Examiner physician and the burial-tran Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Due to (or es a consequence of): the deeth certificate be exec Physician/Medical Dua to (or as a consequence of) 950 0 Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 YNO 3 Probably 4 Unknown RETERMATICA signed t Division of Vital Records, p 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Was an eutopsy Completed hes page 2 2500 1 ☐ Yes 2 ☐ No or Attending Physician: effer deeth. Director: After this certific 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 Inpatient 2 ER/Outpetient 3 DOA funeral Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 1 Tyes 2 No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 ☐ Homicide Mospital (24 hours 6 Funerel C Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as stated.

| Medical Examiner: Or the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. edical 29e. Certifier To the To the To the 29d. Date signed (Month, Day, Year) 29b. Signature and fitle of certilia 29c. License number 3/13/98 impleted cause of death (Item 23a) (Type, Print) 30. Neme and address of person who Sop Emaken my-1604 Market St., Pocomoke, Md. 21851 12+ 32. Registrar's Siggatura
Julia Davidson-Randale 31. Dete filed (Month, Dey, Year) MAR 1 3 1998 State

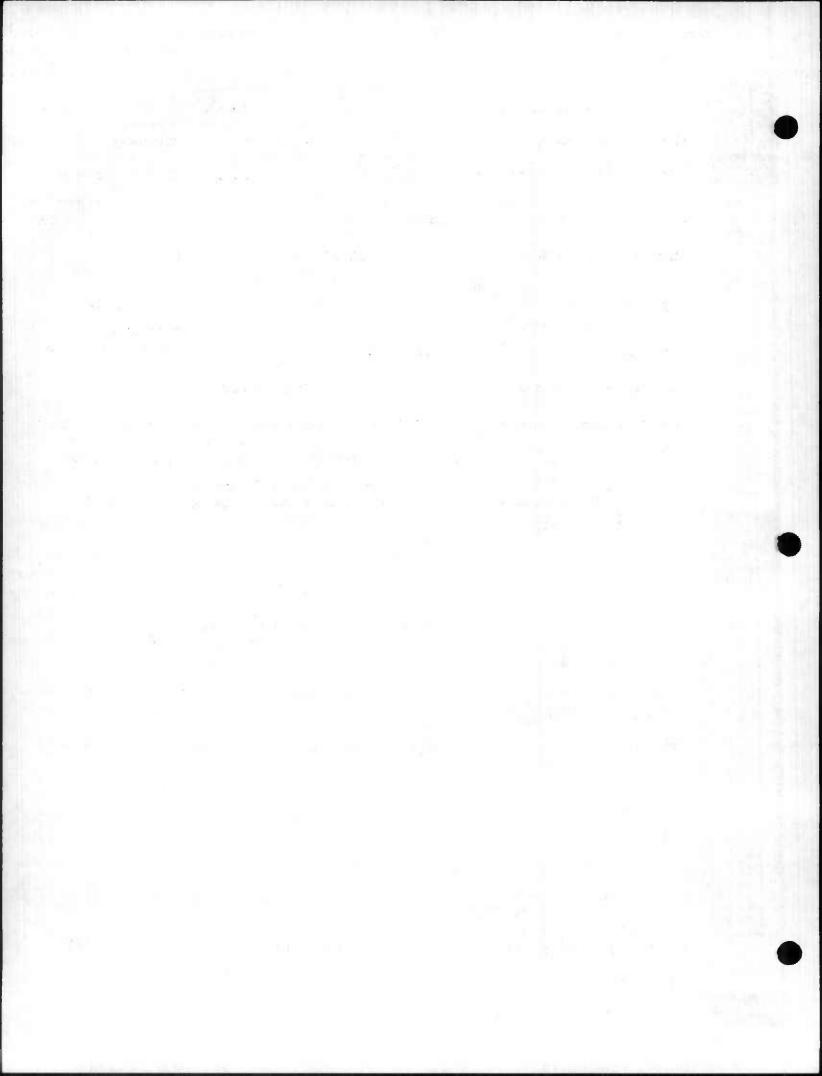
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Registrar



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			5. Social Security N 214-01-9	1umber 6. 524	Sex 1□ M XX F	7. Aga (In yrs. 80	lest birthdey) Yrs.	If Undar 1 Yaar Months Days	If Undar 24 H		th	9. Birthp	thplace (State or Foreign ountry) Maryland
	and the sand		Usual Rasidence of 10a. State	Decedent 10b. County		10c. Cit	ty, Town or Lo	ocation				1	0d. Inside City Limits
	e Mary	ctor	Md.	Md. Howard Laurel									1 □ Yes 2√2No
	or 28	Director	10e. Street and Nur			10f. Zip Code			10g. Citizen of V	What Coun	try?		
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5-0	"netural",	Completed	(Spec	15. Decedent's E	ducation ede completed)	16a. Decad	dent's Usual Occup kind of work done DO NOT use retire	pation during most of a	vorking	16b. Kind of B		
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Baltimore,	permit. Pages 1 and 2 Department of Health important: If item 27 I any injury or other tra once.		20a. Method of Disp 1X Burial 2		☐Removal from	20b. F	Place of Dispo	sition (Neme of metory or other pla s Luther	ce)	oad Elli March 4 1998	20c. Location -	City or To	wn, State
Balt	permit. Pages Department of I Important: If ite any injury or of once.		21. Signature of Fu	naral Sarvice Lice	nsee		22		n funer	al Home, nue Laur	P.A.	207	
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Box 68760,	sate be executed by sician and the burial-transit	n/Medical Examiner	Sequentially list co- if any, leading to in- cause. Enter Unde Cause (Disease or that initiated events resulting in death) L	L de l'uence of):	ukiti Mag	Appelme	in Typ	e	weeks.				
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Records,	v requires the been signed should be de	Completed by					elen	Diseo	rsc.	24a. Was	an autopsy	ava	ore autopsy findings allable prior to mpletion of cause
Re	he law e has	ошо								10	Yes 20(No		déath?]Yas 2□ No
Vital		BeC	25. Was case reference examinar?	red to medical					28. Place of D	Death (Check only o	- /	'-) Tab 2 140
of V	Physician: this certific ral director,	ဥ	1 ☐ Yes 2 📉				ER/Outpatian	I 3L DOA		Homa 5 ☐ Resid	denca 6 □Oth	er <i>(Specit</i>)	1)
Division	tending P leath. tor: After t	Certification:	27. Manner of Death 1 Natural 2 ☐ Accident 3 ☐ Sulcide	5 ☐ Pending investigation 6 ☐ Could not the	n	of Injury oth, Dey Year)	28b. Time of Injury	M 1□	ry at rk? Yes 2 □ No		how injury occur		
Dİ	s effer of Direct of in by	Certif	4 ☐ Homicide	determined	28e. Piac build	e of Injury - At he ling, etc. (Specif	ome, farm, str y)	eet, factory, office		28f. Location (S City or Tox	Street end Numb vn, Stete)	er or Rura	l Route Number,
	To the Hospital or Attending Phys within 2 hours effer death. To the Funeral Director: After this completely filled in by the funeral d	edical	29a. Certifier (Check only one)	1 Certifying Pi 2 Medical Exa	miner: On the t	e best of my kno easis of examina nner stated.	wledge, death tion and/or Inv	occurred at the til vestigation, in my o	me, date and pla opinion, death oc	ice, and due to the courred at the time,	cause(s) and ma date and place,	anner as st and due to	ated. the cause(s)
		M	29b. Signatura and	tha Ra	ya wb				17541			a,	1998
	25		30. Name and addre	ess of person who	completed cau	se of death (Item 57 Ho	1 23a) (Type, I	FERRY	见为	, BALT,	MULE	MD	21827.
	Sta Registr		31. Date filed (Mont	MAR 0	3 1998	Ragistrar's Signa	udler R	irdall					

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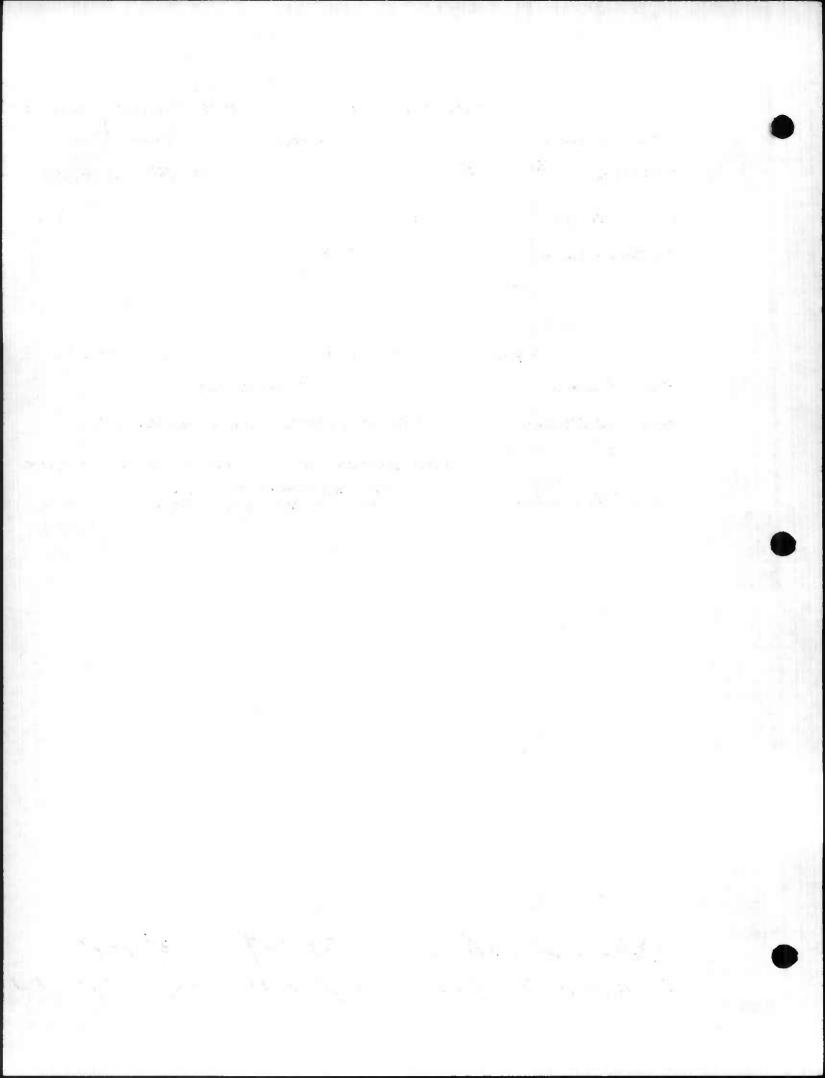


State of Maryland / Department of Health and Mental Hygiene 98 09708

						Cer	tificate	of	Death			Reg. No.)) (
	6 1		1. Decedent's Neme (First, Middle	Last)							2. Date of De	eth	Van	3. Time of	
	Physici Medie/		Virgie	Naomi	Wehlan	d					March	2, Dey 199) Sear	12:00) pm
	Examir		4e. Fecility Neme (If not institution,	give street and number,)				4b. City, To	wn, or L	ocation of Death	4c. County	of Deeth		
			1100 Montgomery						Laur			Princ	e Geo	orge	
	Funeral Director		218-20-1920	9 8 8 9	ge (In yrs. lest bii 83	rthday) Yrs.	If Under 1 Months	Year Deys	If Under Hours	Min.	8. Dete of Bird July 22	, Year 914	9. Birthp Mary	Yand	or Foreign
	pue *		Usuei Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Lo	cation						1	0d. inside C	the Limite
	Sa-f sho	ector	Md. Princ	e george	Laure									XXYes	
	23a or 2	Funeral Director	10e. Street end Number 1100 Montgomery	Street			10f. Zip 0					10g. Citizen of V USA	Vhat Coun	itry?	
Maryland 21215-0020	be filed within 72 hours after deeth with the Maryland hal Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Evaning must be notified at	by	11. Maritei Stetus 1 ☐ Never Married 2 ☐ Merrie 3 ∰ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	,	1	Ves Decede I Yes, specif I □ Yes 💢			gin? (Sp n, Puerto	pecify Yes or No Pican, etc.)	- 14. Rec Bied Specify	e - Americ ek, White, Whi	etc.	
5-0	72 h	eted	15. Decedent' (Specify only highest	s Education (grade completed)	16a	Deced (Give	lent's Usuei kind of work	Occup	pation during mos	t of work	dna	16b. Kind of Bu	siness/inc	dustry	
121	d 2 should be filed within h and Mental Hygiene. 7 is marked other than ° traumatic event, the Mex	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)		kind of work DO NOT use	retire	nd)			0-m II			
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an	S la b	Be	John Albert Gra								Gaither		θ)		
2	d 2 should th and Mer 7 Is marke traumatic	스	19e. Informent's Neme/Reletionsh		101	Mollin	o Address /	Ctron				er, City or Town,	State 7in	Codel	
	ich ar ich ar ich ar ich ar		Norman W. Wehla									, Maryl		21029	7
re,	Hee tem other		20e. Method of Disposition	nd, or., nep	20b. Piece o	Dispos	sition (Neme	e of			Dete	20c. Location -			
Baltimore,	permit. Pages 1 end 2 Department of Health a Important: If item 27 is any injury or other tra once.		1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp	ecify)		aul'	s Lut	hei	can		1998 ⁵ ,	Fulton	, Mar	cyland	
Ba	Depending Supposed Su		21. Signeture of Funerel Service L	icensee							Home, P.		2070	07	
			23a, Part1. Enterthe disease, of c shock, or heart failure. Listo	complications that cause only one cause on each li	d the deeth. Do									Approximet Interval Bet	e ween
	Physician		1		0								i	Onset and	Deeth
	/Medical Examiner		immediate Cause (Final disease or condition resulting in death)	· Cerel	norrse	ela	1	Cl	reden	-6				mini	iles
		70	Tooking III doolily		Due to (or es e										
	ned nsit	Examiner		b .			,						- 1		
,	n and lai-tra	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or es e	conseq	uence of):						1		
68760,	e be sicia e bur		thet initieted events	C	Due to (or as e	onseau	ience of).						-		
×	certificate be executed adding physician and use as the burtal-transit	Medical	resulting in death) Lest	d	040 10 (01 43 0 1	20113041	derioe ory.								
Bo	attendi for use	Physician/													
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	as thet	by Pi	metastata	hing Car	ul						10	Ves 2□ No	3 Prot	Sebly 41	Unknown
Records,	v requir	Completed										an eutopsy rmed?	eva	ere eutopsy to alieble prior to apietion of d death?	to
æ	Iclan: The lav certificata has rector, page 2	E .									101	res 2 No	10]Yes 2□	No
Vital	yalclan: s certific director,	Be (25. Wes case referred to medical exeminer?						26. Place	of Deal	th (Check only o	ne)			
of \	Physician: rthis certific ral director,	ဂ္	1 ☐ Yes 24 No	Hospitel: 1 Inpatie	ent 2 ER/Ou	tpatien		1		rsing Ho	ome 50 Resid	dence 8 □Oth	er (Specify	1)	
	Attending P ir death. sctor: After ti by the funera	atlon:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investige		y Year) 28b.	Time of njury	M 280	c. inju Wo 1 □	ryat rk? Yes 2 □	No	28d. Describe t	now injury occurr	ed		
Division	of or Attence effect death Director: d in by the	Certification:	3 ☐ Suicide 6 ☐ Could no determin	led 286. Piece of inj	ury - At home, fe c. (Specify)	rm, stre	et, fectory,	office			28f. Location (S City or Tox	Street and Numb vn, Stete)	er or Rura	Route Num	ber,
	To the Hospital or Attending within 24 hours effer death. To the Funeral Director: After completely filled in by the fune	edical C	29e. Certifier (Check only one) 1 Certifying 2 Medical E	Physicien: To the best of xaminer: On the basis of end menner str	f examinetion en	, deeth d/or inv	occurred at estigetion, in	the ti	me, date en opinion, deat	d piece, th occur	and due to the cred et the time,	cause(s) and me date end place, a	nner as st and due to	ated. the cause(s	;)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier				29c. I	Licens	se number			29d. Dete signey	(Month, I	Day, Year)	
			>1161 V	1/1/2	16	0	1	1	139	16		mar. K	2	1994	2
	12	-	30. Neme and eddress of person w	no completed cause of d	leeth (Item 23a)	Type. F	Print)		1 / 6	· W	, 1	nuch.	1	410	
			William A.	Warren	4 3	21	Pin	20	19884	e S	+ Lai	relik	10 20	フロフ	
	Sta		31. Dete filed (Month, Dey, Yeer)	1998 32. Resistr	erasignature	Rad	2.11		0						
	Registra	ar	MAR 0 3	1330	or monday.	- WOV	drift								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death **Physician** Month 03, 1998 Richard William Ward 12:45 pm March /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** 9934 Hughes Avenue Howard Laurel If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Jun 23, 1933 5. Social Sacurity Number Sex 143 M 2 F 7. Age (In yrs. last birthdey) 9. Birthpiace (Steta or Foraign **Funeral** Deys Hours Washington, DC 578-42-8883 64 Yrs Director Usual Rasidance of Decedant tha Maryland 10a Stata 10h County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Examinat must be notified at MD Howard 1 Yes 2 No Director Laurel 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiena. nt: if Item 27 is marked other than "natural", or items 23s or 9934 Hughes Avenue 20723 USA Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yas, Giva Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indlen, Biack, Whita, atc. 1 Nevar Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) College (1-4or 5+) Data Analyst Medical Supplies years 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Calvert Olea Ward Gladys Talcott 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Grace E. Ward/spouse 9934 Hughes Avenue, Laurel, Maryland 20723 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 8 1 ☐ Buriai 2 X Cramation 3 ☐ Ramoval from State permit. Paga Department of important: if any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory, Inc. 3/4/98 Catonsville, Maryland 21. Signature of Funeral Service Licensee 22. Name end Addrass of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part Enter the dreadse, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intervel Batween Onset and Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in death) Examiner physician and s tha burial-transit requires that the death certificate be asscuted Sequentielly list conditions, if any, laading to Immadiata cause. Enter Underlying Cause (Diseasa or injury that initiated evants resulting in daath) Last Due to (or as a consequance of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) บรล ลร attending for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ata has been signed by the paga 2 should be detached 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown ģ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy parformed? Completed ul or Attending Physician: Tha law saftar daath. I Director: Aftar this cartificata has 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vitai 25. Was casa refarred to medical axaminer? Be 26. Place of Death (Check only ona) Othar: 4 Nursing Home 2 1 Yas 2 No 1 Inpatlant 2 ER/Outpatient 3 DOA 5 Rasidance 8 Other (Specify) filled in by tha funaral 27. Manner of Death Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 Waturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours af To the Funeral DI complataly filled in 1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and mannar as stated.
2 Medicat Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and mannar stated. edical (Check only one) 29b. Signature and titia of certifiar 29c. Licensa number 29d. Date sigged (Month, Day, Year) nningham W. 32. Registrar's Stanature State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth MILDRED WALSH Month Year 8.09 98 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Laurel Regional Hospital Prince George Laurel If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Months Davs Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) 1□ M 24 F 020-28-2428 Yrs 90 Feb 10, 1908 Massachusetts Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits Prince George Laurel 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 20708 13211 Claxton Drive USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorcad 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Maurice Flynn Mary Sullivan 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Patricia I. Smyth/daughter 13211 Claxton Drive, Laurel, Maryland 20708 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 2/27/98 Newton, Massachusetts Newton Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22 Name and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Pert1. Enter transference, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear factors. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final diseese or condition resulting in deeth) weeks Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest ren Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

-transit

-buriel-

the

and

physician

attending p

signed by the a

peen ate hes certificate

director,

this funeral

After

s efter dea....al Director: Aftr

To the Hospital or within 24 hours eft To the Funeral Di completely filled in

thet the death certificate be executed

The lew requires

Hospital or Attanding Physician:

P.O. Box 68760.

Records.

Division of Vital

Department o Important: If any Injury or once.

Physician

Examiner

Funeral

Director

28a-f show

8

Items 23a

Peges 1 end 2 should be filed within 72 hours efter oner of Health and Mental Hygiene.
The filed The marked other than "natural", or flee in yor other traumatic event, the Medical Examiner in yor other traumatic event, the Medical Examine.

Baltimore, Maryland 21215-0020

traumatic event, the Magical Examiner must be notified at

the Maryland

/Medical

10a, State

MD

Director

Funeral

þ

Completed

Examiner Physician/Medical à Completed Be Certification: To 27. Manner of Deeth

1 Yes 2 No

5 Pending Investigation

6 Could not be determined

Neturel 2 Accident

3 Suicide

29a. Certifier

4 Homleide

29b. Signature and title tiles

25. Wes case reterred to medical exeminer?

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work?

28e. Dete of Injury (Month, Day Year) 1 Tes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and menner stated.

Cer

29c. License number D08307

30. Name and address of person who completed cause ot death (Item 23e) (Type, Print)

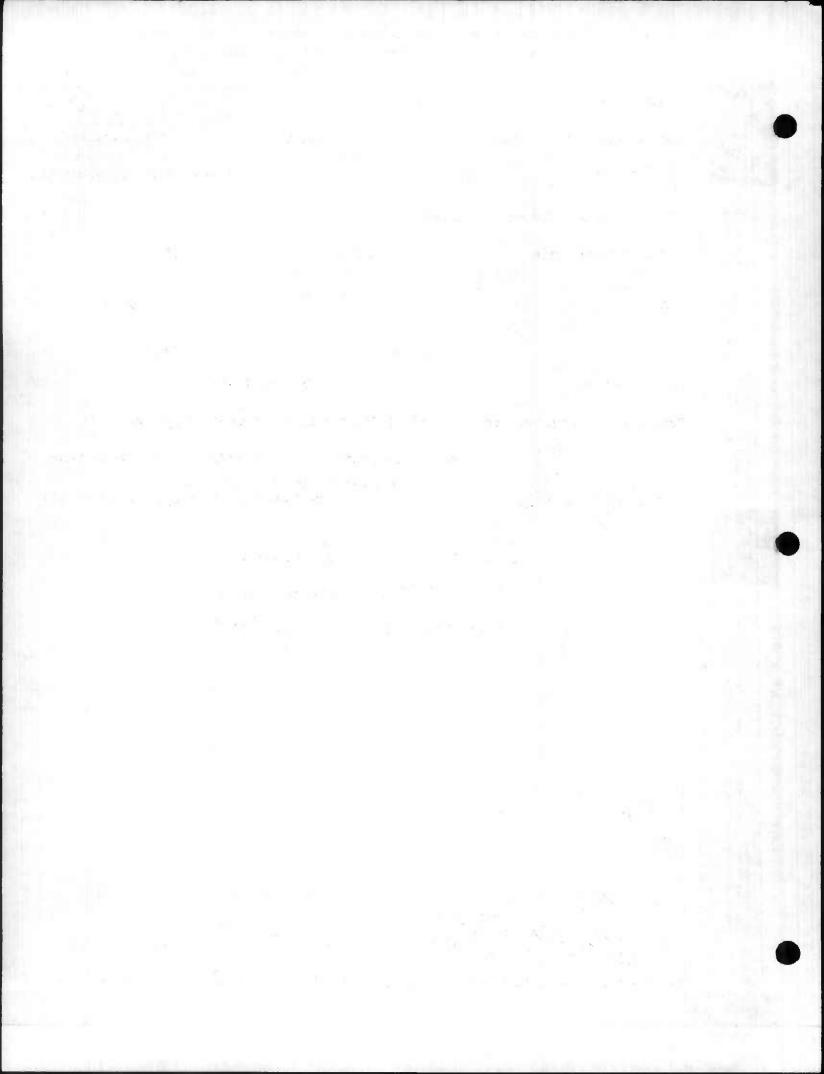
3450 DR TAKY MOURTZANAKIS 31. Dete tiled (Month, Dey, Year)

Fort Meade Rd

State Registrar

edical

32. Registrer's Signeture Julia Davidson Rarball FEB 2 6 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Plane in inc	Decedant's Neme (First, Middle, La.		Certificate of I	2. [Reg. No.	3. Tima of Deeth
Physician /Medical Examiner	Myrtle 40. Facility Nama (If not institution, giv Laurel Rec	Wr. a street and number, yional Hospital				1998 1:05 Ar ounty of Doeth ince George's
Funeral Director	5. Social Sacurity Number 6. S		rthday) If Undar 1 Year Months Deys	If Under 24 Hrs. 8. C	Dele of Birth Month, Dey, Year)	9. Birthplace (State or Foraig Country) Harrisburg,
with the Maryland or 28a-f show be notified at	10e. Stala 10b. County	10c. City, Tow			10c China	10d. Inside City Limit 1 □XYes 2 □ N
th th	14200 Laure] F 11. Marilal Status 1 Nevar Married 2 Merried	ark, Drive 12. Was Deceden! Ever in U.S. Armed Forcas? 1 □ Yes 2 GNo If Yas, GNe Yaer or Datas:	2070	spenic Origin? (Specify n, Maxican, Puerto Ricar	Yas or No-	ited States . Rece - American Indian, Black, White, etc. pecify: Black
permit. Pages 1 and 2 should be filed within 72 hours efter dea beyarment of Heelih and Mental Hygiene. Important: If Item 27 is marked other than "natural; or flems any injury or other traumatic event, the Medical Exeminations once. To Be Completed by Funer	15. Decedant's E (Specify only highest green between the secondary (0-12) 12th 17. Fathar's Name (First, Middla, Last, 1988)	lucation de completed) College (1-4or 5+)	Decedent's Usuel Occup (Give kind of work done of life. DO NOT use retired Housekeep	luring most of working)		of Businass/Industry
s marked oth	Nathaniel Fount 19a. Informant's Name/Raietionship (ain Type, Print) 19t	o. Mailing Address (Street	Mary	Unknow	vnn
Pages 1 and 2 nent of Heelth int: if item 27 is iry or other tra	Lovette Wran (20e. Method of Disposition 1X Burial 2 Cremetion 3 C 4 Donetion 5 Other (Specif	Ramoval from Stete	f Disposition (Neme of ry, cremetory or other plec	e) De	ete 20c. Loca	Maryland 20723 ation - City or Town, Stete
Departm Importar any inju	21. Signature of Funerel Sarvice Licer Physics Cell 23a. Pert1. Enter the diseasa, or com shock, or heart feilure. List only	see wash	3831 Geo	Lati rgia Ave, NV	ney's Fun∈ √ Wash, DC	tland, Marylanderal Home, Inc. 20011
bhysician establicate be executed attending physician and lor use as the buriel-transit of use as the buriel-transit clan/Medical Examiner	Immediete Ceuse (Final diseese or condition resulting in deeth) Sequantially list conditions, if eny, leeding to immediate cause. Enler Undertying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lesi	C	consequence of): consequence of):	arrest		Onset end Death I clay 10-12 cultury
thet the death cer ed by the attendin detached for use Physician/N	Pert II. Other significant conditions of			en in Pert f.		ne contribute to the cause of dea
The lew requires the sate hes been signed , page 2 should be de Completed by F	Duodenal	ulcer	3		24a. Was an eutopsy performed?	24b. Were autopsy finding evellabla prior to completion of cause of deeth?
ysician: The lew s certificate hes director, page 2:	Rhematrid 25. Wes case referred to medical examiner?	Hospitel: Marine FERRA	other scan Other	26. Placa of Death (Ch		
a Physical dispersion of the Tr. Tr.	1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Panding 2 Accident Investigation 3 Suicida 6 Could not b	28a. Dete of Injury (Month, Day Year)	Time of njury Mon	ret 28d.	Describe how Injury (
rs efter or led in Cert	4 Homicide determined 29a. Certifier 1 Certifying Ph	building, etc. (Specify) yaician: To the bast of my knowledge	e, deeth occurred et the tim	e, dete end place, end d	City or Town, Stete)	nd mennar es steted.
To the Hospi within 24 hou To the Funer completely fill	29b. Signatura and litta of certifiar	Inar: On the basis of axamination en and menner steted.	29c. Licansa D24	number		signed (Month, Day, Year)
2)	30. Name end address of person who PADMAJA S- (complated causa of daath (itam 23a) ADAPI 7350	(Type, Print) VAN DUSEA	ROAD CIE	TE 200	LAUREL 20707

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Neme (First, Middle, Last) 2. Dete of Deeth Mogth 3 **Physician** LICE ELIZABETH WILLIAMS 10:15 A.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner FT. WASH. CALHOUN P.G. 5. Social Security Number 578-12-2869 7. Age (In yrs. lest birthday) 91 Yrs. If Under 1 Year | If Under 24 Hrs. 9. Birthplace (Stete or Foreign **Funeral** 1□M 200 F Months Days Director MITCHELLVILLE Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No WASHINGTON Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 3298- FT. LINCOLN DR., N.E. # 1001 20018 U.S. A. items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 1 W No If Yes, Give Year or Detes: 14. Race - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married ò Baltimore, Maryland 21215-0020 1□ Yes 21 No BLACK þ 3 Widowed 4 □ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages I and 2 should be filed withit Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any injury or other traumets. Elementary/Secondery (0-12) College (1-4or 5+) HOSPITAL NURSE'S ASST. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be GARFIELD SMITH MARTHA SAVOY BOWIE 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MARY BOSSARD 3319-14TH ST., N.E., WASHINGTON, D.C., 20017 20b. Plece of Disposition (Neme of cemetery, cremetory or other r 20e. Methed of Disposition Dete 20c. Location - City or Town, State 1 Burlel 2 Cremetion 3 Removel from Stete T. LINCOLN CEMETERY 3/10/98 BRENTWOOD, MD. Other (Specify) 21. Signature of Faheral Service License Neme and Address of Fecility H.S.WASHINGTON & SONS CO., INC. 4925-BURROUGHS AVE., N.E. 23a. Pert1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one and on each line. Approximete interval Betw **Physician** /Medical immediete Cause (Finei diseese or condition resulting in deeth) Examiner Cancer with hydronephrosis The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medical Due to (or as e consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, Be Completed by 8 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? page 2 should 24e. Wes en eutopsy performed? certificate has 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director, 25. Wes case referred to medical 28. Piece of Death (Check only one) Other: 4☐ Nursing Home 5 🖾 Residence 8 ☐ Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. tnjury et Work? Certification: 28d. Describe how Injury occurred After 5 Pending investigation 1 Neturel death. 1 ☐ Yes 2 ☐ No 2 Accident Director: J 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) after 4 Homicide To the Hospital within 24 hours a To the Funersi C completely filled 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as stated.

2 Medicat Examiner: On the basts of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner stated. Medical 29a. Certifier (Check only 29b. Signeture end title ot certifier 29c. License number 29d. Dete signed (Month, Day, Year) 98 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) ITZGERALD BIRMINGHAM - 1780-MASS. AVE. N.W. 20036 31. Dete filed (Month, Day, Yeer) 32 Registrer's Signeture State Registrar MAR 1 0 199

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** FRANKLYN L. WILSON, JR. March 6 5:15 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Holy Cross Hospital Silver Spring Montgomery 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 X M 2 □ F Deys Hours 215-14-4227 Yrs. 74 Director 1923 Maryland Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Modical Examiner must be notified at 1 X Yes 2 □ No Virginia Caroline Director Ruther Glen 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 22546 345 Lake Caroline Drive U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 72 hours efter 1 V Yes 2 □ No If Yas, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest of during most of working permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "n any injury or other traumatic event, the Med Once. Elamentary/Secondery (0-12) College (1-4or 5+) Government Teacher 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Franklyn L. Wilson, Sr. Vietta Haywood 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie B. Wilson/Wife 345 Lake Caroline Drive, Ruther Glen , VA 22546 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 03/10 1 X Burlel 2 ☐ Cremetion 3 ☐ Removal from State Fort Lincoln Cemetery Brentwood, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 1998 21. Signature of Funerel Service Licenses J. B. JENKINS FUNERAL HOME Na 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only ona cause on each line. Approximate Intervel Between Physician /Medical Immediate Ceuse (Finel diseese or condition rasulting In death) Examiner Examiner The law requires that the death certificate be executed buniel-trensit Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in daeth) Last Pue P.O. Box 68760, physician Physician/Medicai the for use es 80 980 Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa given in Part I. 23b. Did tobacco use contributs to the cause of death? 2 2 No 3 Probably 4 Unknown 1 Yes signed b Records. by Completed 24a. Was an autopsy performed? 24b. Ware eutopsy findings available prior to peen completion of cause of death? page 2 s 2.1 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: Be 25. Was cese rafarred to medicel 26. Place of Deeth (Check only one) examiner? Hospital: Inpatient 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ER/Outpatient 3 DOA thia After this 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation within 24 hours effer deeth. To the Funeral Director: Afti completely filled in by the fur 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide Hoapitai Certifying Physician: To tha bast of my knowledge, deeth occurred et tha tima, data and place, and due to tha ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Cartifier Medical (Check only one) within 2 \$ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0

State Registrar 31. Dete filed (Month, Day, Year) 32. MAR 1 0 1998

30. Name and addrass of p

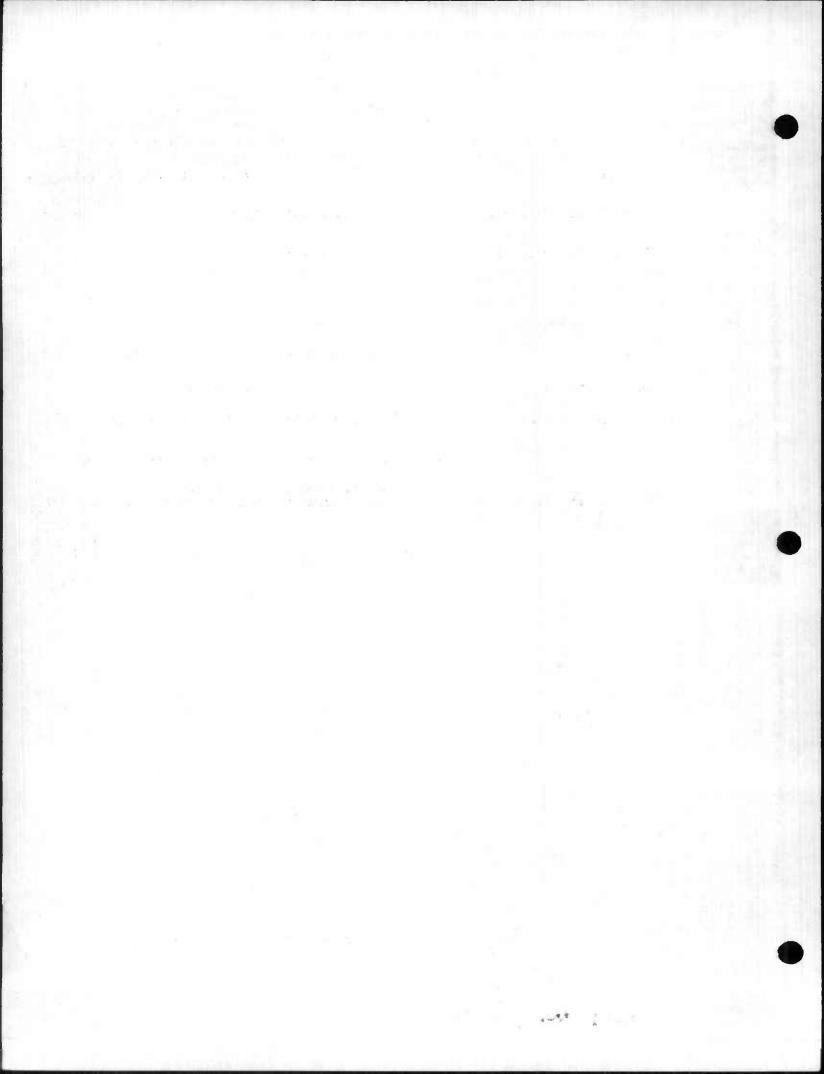
MD 9707 Medical Center DV # 310

32 Registrar's Signature

Able Development 11

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Day Physician Month Francis Washington March 4, 1998 4:38 PM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mariner Health of Southern Maryland Clinton Prince George's 5. Soclei Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months, Days, Year) 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign Country) **Funeral** 100M 2□ F Months Deys 578-14-4191 Yrs Director 87 October 10,1910 Washington DC Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits Examiner must be notified at Prince George's Maryland Capitol Heights Director 1 X Yes 2 No 28a-f s the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 4707 Rolling Dale Way 20743 238 USA death Funeral Неть 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Race - American Indian, should be filed within 72 hours after of Mentel Hygiene. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: Black þ 3 □ Widowed 4 □ Divorced Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 4th Supply Supervisor Private permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If Item 27 is marked other any Injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) James Washington Sarah Makle 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Carol Savage/Daughter 4707 Rolling Dale Way, Capitol Heights, MD 20743 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Ø Buriai 2 ☐ Cremation 3 ☐ Removal from State Mt. Olivet Cemetery 3/11/98 4 ☐ Donetion 5 ☐ Other (Specify) Washington DC 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility J. B. Jenkins Funeral Home Nanc 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellers. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Aspiration in lunes Acute Examiner Due to (or es e consequence of): Examiner sician and bunal-trensit romine The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) physician s the bunal P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 98 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the a should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CVA Records, þ ca. Prostate 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed page 2 : Dementic 1 Yes 2 Tho 1 ☐ Yes 2 ☐ No certificate of Vital Hospital or Attending Physician: director. 25. Was cese referred to medical Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 🕽 🗘 0 10 this in by the funeral 27. Manner of Deeth Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Division 5 Pending Investigation 1 Natural s efter deeth. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and menner as stated. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and manner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 046478 3.5-18 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 7501 Surratts Rd # 307. Clinton mp 20735 Suresh A. Poutelmo 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture State Jaka Shurler Ranfall Registrar MAR 1 0 1998



WRC 98-1296-033 DORA L. WRIGHT

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

tificate of Death	Reg. N	0
	2. Data of Deeth	

3. Time of Death

Physician
/Medical
Examiner
Examine

1. Decedant's Nama (First, Middle, Last)

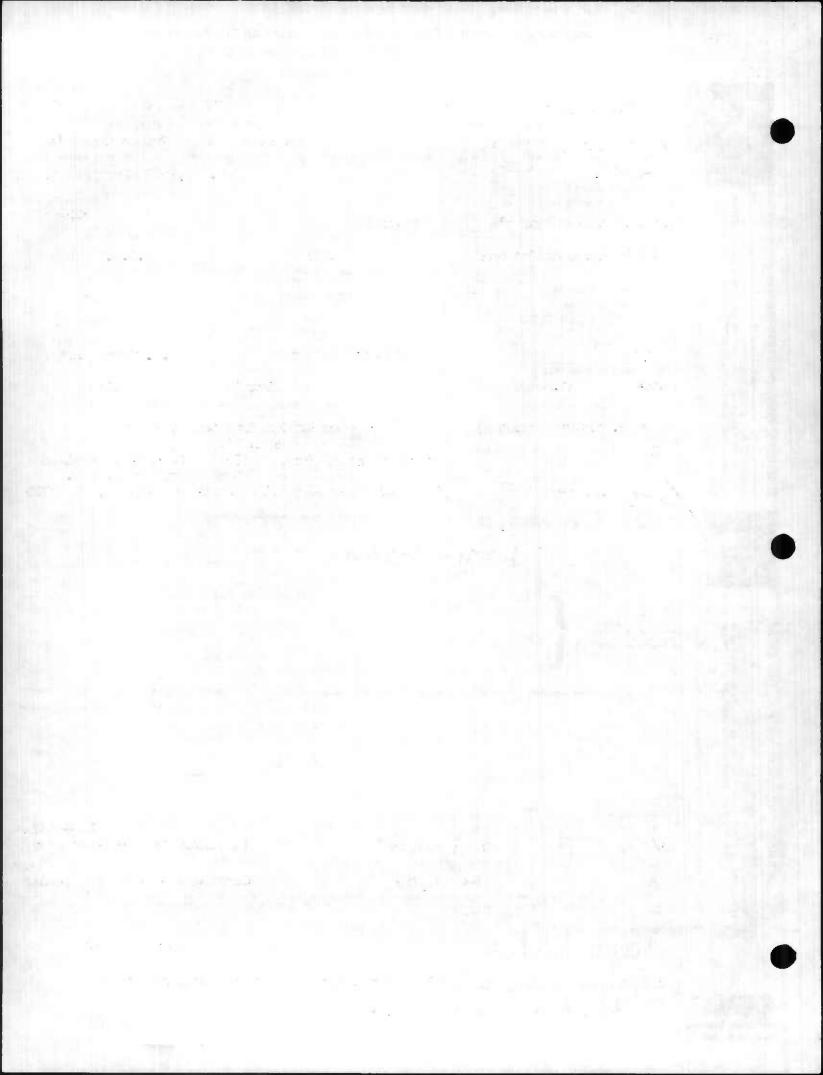
MARCH 07, 1998 Year 10:27 PM. Dora Lugeania Wright 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Prince George's PRINCE GEORGES HOSPITAL CHEVERLY
If Undar 24 Hrs. If Under 1 Yaar 8. Deta of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□ M 20 F Days Hours Min. 228-50-1025 Yrs. 60 Aug. 19,1937 North Carolina **Director** Usual Rasidence of Decedant the Manylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 le marked other than "naturel", or itema 23a or 28a-f show traumatic event, the Wool cal Examiner must be notified at XXX as 2 No Directo Maryland Prince George's Bowie 10f. Zip Coda 10g. Citizan of What Country? 10e. Street and Number with 14600 Jones Bridge Road 20721 U.S.A. Funeral death 14. Race - American Indien, Bieck, Whita, atc. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Maritef Stetus Pages 1 and 2 should be filed within 72 hours after name of Haalth and Mental Hygiene. 1 ☐ Yas 2 X Xo If Yes, Give Yeer or Detes: 1 Never Merriad 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Black ò 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Editoral Assistant 12th U.S. Government 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Jesse Montague Flossie Wills 10 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 14600 Jones Bridge Road Bowie, MD 20721 Disposition (Name of Data 20c. Location - City or Town, Stata Myron A. Wright (Husband) 20b. Piace of Disposition (Name of cemetery, crematory or other piece)

March 12ta 20a. Method of Disposition 1 XBuriai 2 Cramation 3 Ramovai from State à Department of important: If any injury or once. 1998 4 ☐ Deflation 5 ☐ Othar (Specify) Harmony Memorial Park Landover, Maryland Lee Funeral Home, Inc. 21. Signature of Funeral Service Licensee 22. Name end Address of Facility 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a Fartt. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death Physician Immediate Cause (Final disease or condition resulting in death) muriples tonjunies /Medical Examiner Dua to (or as a consequence of) Examiner physician and s the burial-trans Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): certificate be exec Box 68760, Physician/Medicai Dua to (or as a consequence of): 88 980 Po signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of cause of death? has page 2 1 Yas Yas 2 No 2 No certificate or Attending Physician: 25. Was casa rafarrad to madical axaminar? Be 26. Placa of Death (Check only ona) axamınar r 1X Yas 2 No Hospital: 1 ☐ Inpetient 2 🔀 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 funeral 28b. Tima of 28d. Dascribe how injury occurred 27. Manner of Death 28a. Data of Injury (Month, Day Year) 3 -7-98 28c. Injury at Work? DLOTHER COR Certification: After 1 Natural
2 Accidant 5 Panding 1900P 1□ Yas 2 No DELVEN OF CAR IN COURSING WITH 24 hours after death. invastigation 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) completaly filled in by 4 Homicida RODDWDY CENTRAL AUG. PRIVE GEOMETICO Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) within 2 To the To the 29b. Signature and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) O.C.M.E. MARCH 09, 1998

State Registrar KORUTU LUM, 111 Penn Street, Baltimore, Maryland 21201 32. Projetrar's Signatura

30. Nama and address of person who complated causa of daath (itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physiclan** Month Kenneth W. Wheeler 1998 /Medical March 12, 5:15 PM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Southern Maryland Hospital Center Clinton Prince George's If Under 1 Year Birthpiace (State or Foreign Country) 5. Social Security Number if Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) **Funeral** Deys 17 M 2□ F 214 42 2823 52 Yrs Director Sept 7, 1945 Washington DC Usuel Residence of Decadent the Marylend 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examener must be notified at Director 1 Yes 2 No Prince George's Forestville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20747 2400 Boones Lane United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 25400 if Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Marital Status filed within 72 hours after 1 ☐ Never Married 2☐ Married 1 ☐ Yes 2 XX o Specify: þ 3 Widowed 4 Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other treumatic event, the Medic once. (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Plumber Plumbing Company 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Wheeler Lola Mae Lee 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Sue A . Wheeler 2400 Boones Lane Forestville, Maryland 20747 20a. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, State Date Buriel 2 Cremetion 3 Removel from State Wallace Cemetery March 17, 1998 Clintonville, West Va 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Servica Licensee Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused to deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Physician HYRMIUS /Medical Immediete Cause (Finel diseese or condition resulting in deeth) Examiner wind Heating Comm/ Au Hat! Physician/Medical Examiner attending physician and for use es the buriel-tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): been signed by the s should be detached 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? page 2 s has certificate 1 Yes 212 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 No 1 Yes Certification: To 1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Mannes et Death 1 Natural Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 C Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stefe) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

The lew requires that the death certificate be executed Records, P.O. Box 68760, Division of Vital or Attanding Physician: the Hospital

Baltimore, Maryland 21215-0020

State Registrar

edicai

29a. Certifier

(Check only one)

29b. Signature and title of certifier

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) m.

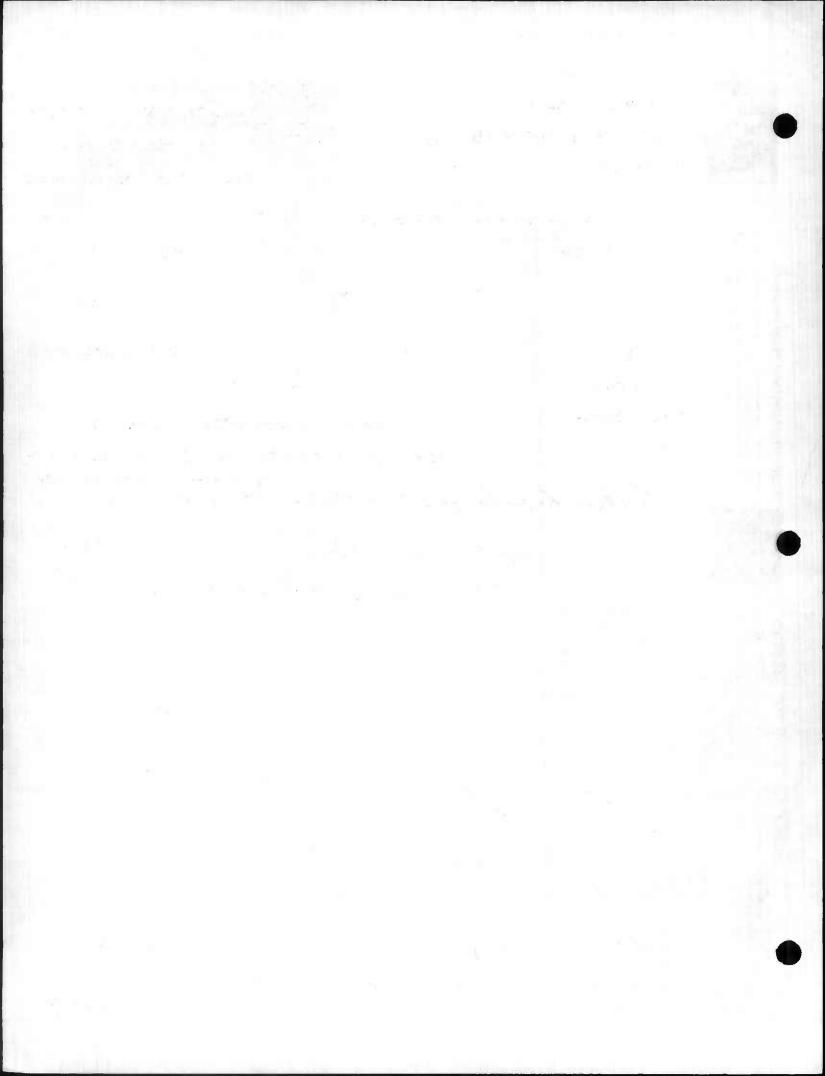
32. Registrer's Signature

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end manner stated.

29c. License number

29d. Date signed (Month, Day, Year) 9540 PENN AVE 203 LyperManlbers



Julia Davidson-Randala

DHMH 16 Rsv 6/95

Registrar



CARL LEVEL CO.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** J. Alston 25 1:15 AM Melvin March 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e Fecility Name (If not institution, give street end number) Examiner Cheverly
ar If Under 24 Hrs. 8. Date of Birth
(Month, Dey, Year) 9. Birthplace (State or Foreign George Hospital Center Prince vince If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) 6 Sex **Funeral** M 2DF Months Days 237-76-7210 Yrs. Director irgin 19 Usual Residence of Decedent with the Marylend 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 28a-f show r than "naturel", or items 23a or 28a-f show 1 ☐ Yes 2 ☐ No Brentwood Prince George Directo Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 37th Place USA 3806 20722 2 should be filled within 72 hours after death ond Mental Hygiene. Is marked other than "naturel", or items 23. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No if Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Sacondary (0-12) College (1-4or 5+) 11+h Courier Dispatcher 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Pages 1 and 2 should be Willie Bessie Lycas Alston M 19a. Informant's Name/Relationship (Type, Print) DAY& hter 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Depertment of Heelth e Important: If Item 27 Is sny Injury or other tras 24 EAST Reed Ave. Alexandria, 4. 22305 Kirk Land Cassandra 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 3/30/98 1 Bunal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Alexandria Bethel cemetery Robert B Baker J. Chi NN Funeral Service
Chi NN Funeral Service
23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,
Approximata any ir **Physician** /Medical Immediate Causa (Final disease or condition resulting In death) Bilateral bneumenta Examiner Due to (or as a consequence of): Examiner Sepsis Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Renal tallure Physician/Medical Box 6876 Due to (or as a consequence of): The law requires that the death certificats phys 23b. Did tobacco use contribute to the cause of death? ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 thknown þ 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed peen s completion of cause of death? Hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) s after death.

st Director: After this cr 2 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: Natural 5 Panding 1 Yes 2 No Investigation 2 Accident 6 Could not be 3 Sulcide 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Funeral Diractor of the Fu Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a, Certifian (Check only one) To the F within 2 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature and title of certific March 27/1998 MI

30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

Boyc

MAR 3 0 1998

WILLIAM

31. Date filed (Month, Dey, Year)

PG HUS BITAL (Chever)
32. Register signature

June Davidson Fandate

Chevery Maryland

DHMH 16 Rev 6/95

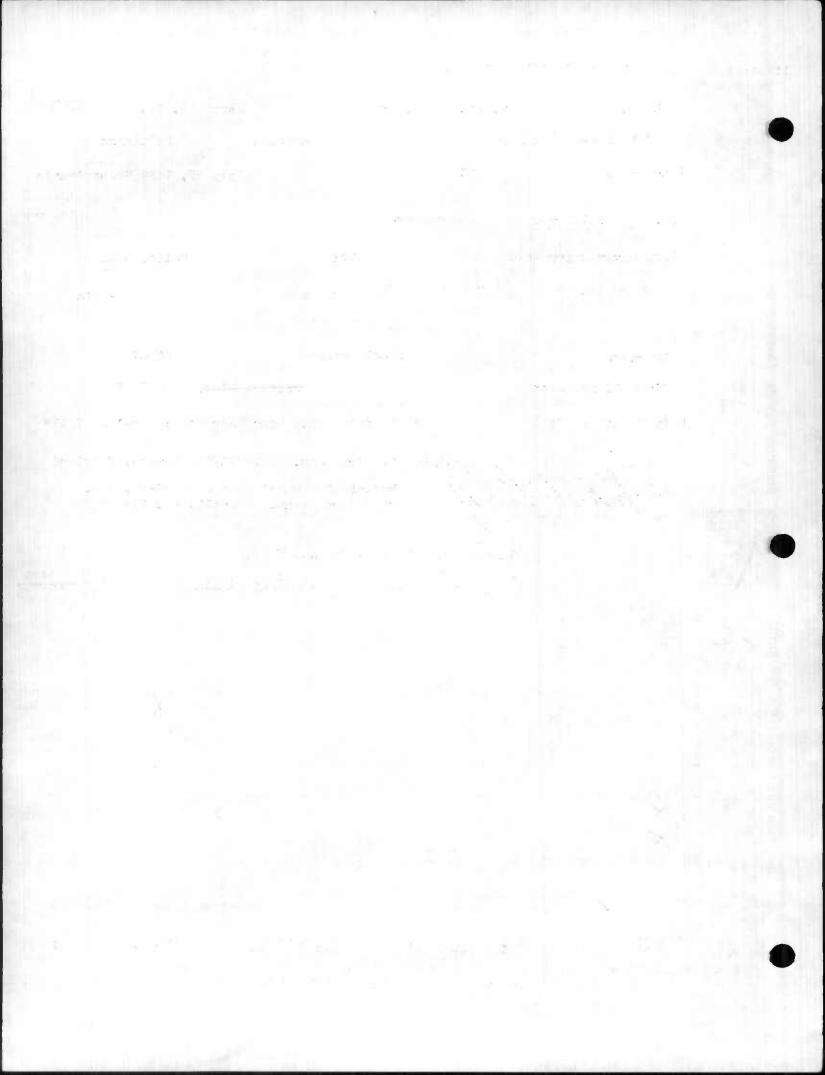
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Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) Ethel Virginia Bond

Month March

2. Date of Death

3. Time of Death

4a. Facility Name (If not institution, give street and number) Stella Maris Hospice

4b. City, Town, or Location of Death Towson

24 1998 1:10 pm 4c. County of Death Baltimore

J.J. Hartenstein Mortuary, Inc

14. Raca - American Indian, Black, White, etc.

21047 20c. Location - City or Town, State White Hall, MD

White

Funeral Director 4 Hrs. 8. Date of Birth (Month, Pax, Year) 9. Birthplace (State or Foreign Country) Maryland

10d. Inside City Limits 1 Yes 2 No

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examinating the notified at

Baltimore, Maryland 21215-0020

Physician /Medicai **Examiner**

sician and bunel-transit physician s the burie as use page 2 should be detached After this

Compl

Be

Certification: To

Medical

The law requires that the death certificate be executed Box 68760, P.0. Division of Vital Records, or Attending Physician: within 24 hours after death. To the Funeral Director: A filled in by the Hospital completely

BOND

NAME: ETHEL

	DOCTI		.00012	.00					~ ~					
	5. Social Security 213-50-		6. Sex 1 □ M 2 F	7. Age (In yrs. 89	last birthday Yrs.	y) If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of B (Month, L	Birth Pear) 1908	9. Birthplace (5 Country) Marvla		
	Usuel Residence	of Decedent						1			-	2		
tor	10a. State MD	10b. County Har	ford		ity, Town or 1 allst			10d. In						
Direct	10e. Street and Nu		bury La	10f. Zip Code 21047						10g. Citizen of U.S.A.				
To Be Completed by Funeral Director	11. Marital Status 1 □ Never Mar 3 XWidowed	ried 2 Mar	12. Was De Armed f	cedent Ever in U Forces? 2 No Give	If Yes, specify Cuban, Mexican, Puerto Rica						y Yes or No- an, etc.) 14. Raca - America Black, White, e Specify: Wh			
	(Spe	cify only highe	t's Education st grade completed	(1-4or 5+)	(Giv life.	adent's Usua ve kind of wo DO NOT us	rk done d se retired	ation during mos	t of work	king	16b. Kind of Business/Ir			
	,		4	(1.10.01)	Te	achei					Educa	ition		
	17. Father's Name					18. Mother's Name (First, Middle, Maiden Surname Grace Hendrix								
	19a. Informant's N		hlp (Type, Print) ers / Daug	ghter						al Route Num Fallst	ober, City or Town	, State, Zip Code) 21047		
	20a. Method of Dis 1 Burial 2 4 Donation		3 □Removal from	n State Ve	Place of Disposer of Place of Disposer of	ematory or o	ther plac	») terv	Ma	rch 28 ,	20c. Location White	City or Town, St.		
	21. Signature of F	uneral Service	Derfut	,		22. Name an	d Addres	ss of Facili			tenstei edom, E			
	fmmediete Cause	(Final	complication, that only one cause on	aab line.			e of dyln	g, such as	cardiac	or respiretory	errest,	Appro Interv Onset		
	disease or condition resulting in death) End Stage Dementia													
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Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury c.													
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Physic	Part II. Other afgni	ficant condition	no contributing to	death but not ree	salting in the	underlying c	ause giv	en In Part			d tobacco use co	ontribute to the ca		
sted by											as an autopsy formed?	24b. Were auto		

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 211No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 1 ☐ Yes 2 No Other: 4☑ Nursing Home 5☐ Residence 6☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. fnjury et Work? 5 Pending investigation 1 Natural 1 TYes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 29a. Certifier Lertifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) 2 Medicaf Examiner: On the basis of exe and manner stated. (Check only one) Certifier 29d. Date algned (Month, Day, Year) 29b. Signature and title

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MAR 3 0 1998

Eddie Nakhuda, M.D. 2300 Dulaney Valley Rd

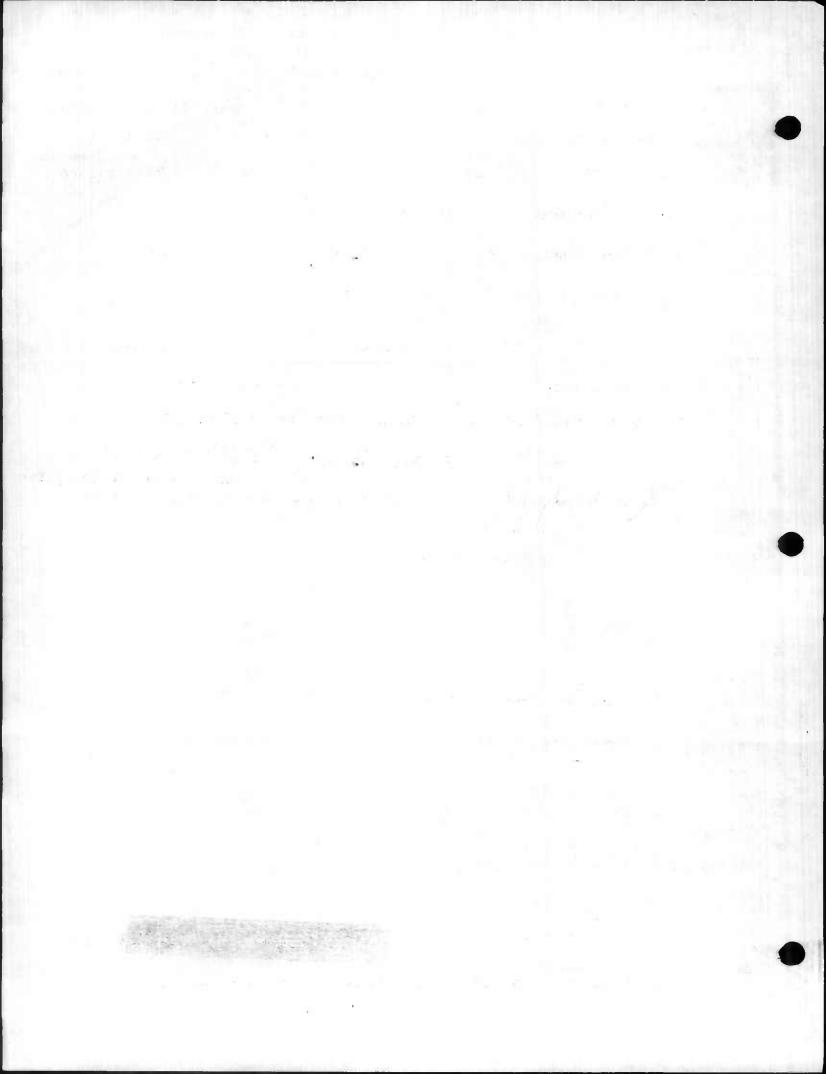
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State Registrar 32 Registrar's Signature law Davidson



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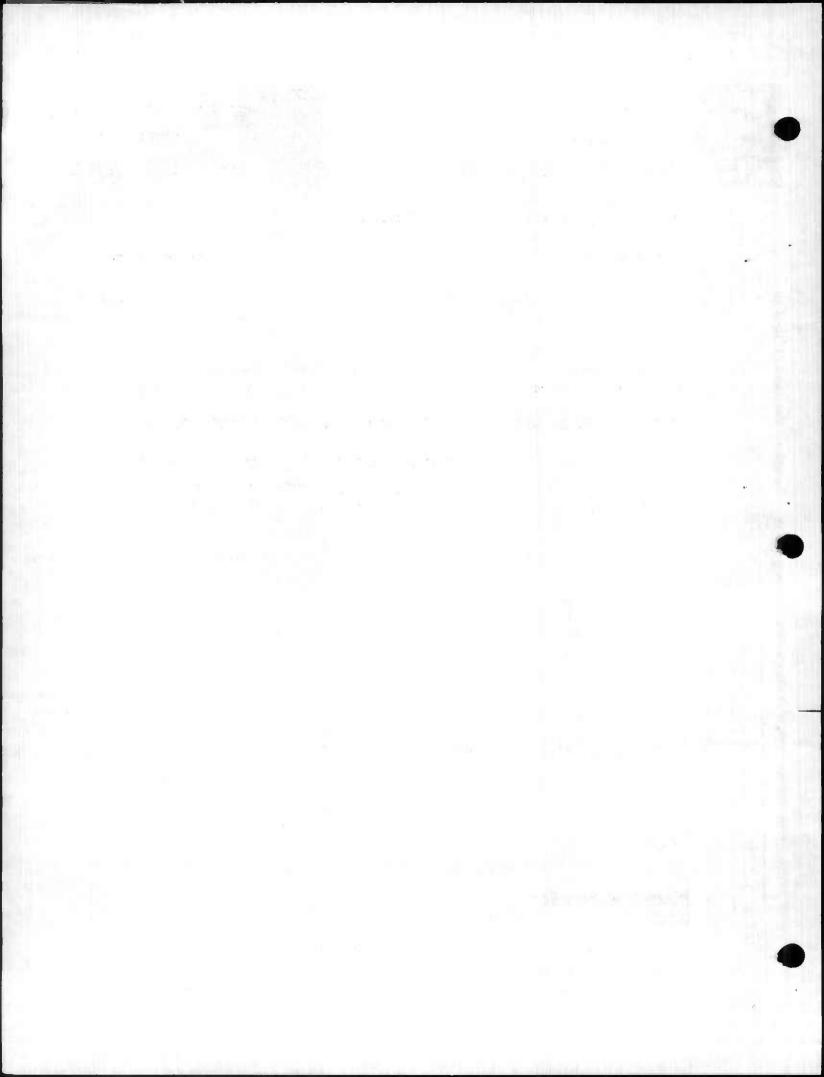
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Day **Physician** MARCH 25, BLAIR LEE BROWN, 1998 /Medical 4e. Fecility Name (If not Institution, give street and number)
HOLY CROSS HOSPITAL 4b. City, Town, or Location of Death Examiner 4c. County of Death SILVER SPRING MONTGOMERY 5. Sociel Security Number 579 30 7098 7. Age (In yrs. last birthday) 70 Yrs. If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth J (Month, Day, Year) 29,1927 6 Sav **Funeral** Birthplace (State or Foreign Country) Deys 1₩ M 2□ F Director MARYLAND Usual Residence of Decadent liled within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at MONTGOMERY Director BURTONSVILLE 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò Nems 23s 3110 BRYAN ROAD 20866 Funeral UNITED STATES 11. Merital Status 12. Wes Decedent Ever in U.S. Armed Forces? 1 Q/I 5 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Black, White, etc. 1 Yes 2 No 1945 – If Yes, Give Year or Dates: 1 Never Married 2™ Married Baltimore, Maryland 21215-0020 5 1 ☐ Yes 2 ☑ No by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be liled within 7. Department of Health and Mental Hyglena. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Medis 200.6. OCollage (1-4or 5+) Elementary/Secondary (0-12) PLUMBER PLUMBING 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be BLAIR LEE BROWN MARGARET LEONA BRYAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA L. BROWN, WIFE 3110 BRYAN ROAD, BURTONSVILLE, MD. 20866 20b. Placa of Disposition (Name of cametary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) FRIENDS CEMETERY 3/28/98 SANDY SPRING, MD. 21. Signeture of Funeral Service Licenses MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physiclan** /Medical Immediate Causa (Final ACMEMYOCARDIAL INFARCTION IMMEDIATE disease or condition resulting in death) Examiner The law requires that the death certificate be asscuted Sequantially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Diseasa or Injury that initiated events resulting in daath) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? peen signed by t should be detach Coronary Atheroscierosis 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24a. Was en eutopsy performed? 24b. Were eutopsy findings evailable prior to completion of cause of death? certificate 1 Yes 220 No 1 Yas 2 No or Attending Physician: 25. Was case referred to medical 26. Placa of Death (Check only one) examinar? 12 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA Medical Certification: To After this 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 1 ANatural 2 Accident 5 Pending Investigation To the Hospital or Attendin within 24 hours after death.
To the Funeral Director: Aft completely filled in by the fu death. 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physicien: To tha best of my knowledge, death occurred at the tima, data and place, and due to tha causa(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifian 29b. Signafure and title of certifier 29d. Date signed (Month, Day, Year) March 25, 1998 29c. License number 3416 Olandwood Court #200 Olney, md 20832 30, Name and addrass of person who completed cause of death (Itam 23a) (Type, Print) Phil Henjum, mo 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State Shia Tavidson Randoll Registrar MAR 3 0 1998

DHMH 16 Bev 6/95



WRC 98-1662-510 CHARLES BA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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aminer	40	Facility Neme (ff not Institution BOND		et end numbe	or)			4		, or Location of IMORE	Deeth	4c. County	of Deeth		
eral ctor	5. 5	Sociel Security N		6. Sex 1 Ø M		Age (In yrs.	. last birthday, Yrs.	If Under 1 Months		if Under 24 Hours	Hrs. 8. Date (Mon	th, Day,	Year) 1973	9. Birthp Coun L'ID	iece (Stete or Foreign try)	
		uei Residence o														
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cc		MD	N/A			В	altimo									
ä	100	e. Street end Nu						10f. Zip (Code			10	g. Citizen of	Whet Coun	ntry?	
ral		0934 Le	nton Av	-				1212 Jent of Hispanic Origin? (Specify Yes or No city Cuben, Mexican, Puerto Ricen, etc.) 22No Specify:				No- 14. Race - American Indien,				
if Health and Mantel Hygiena. Item 27 is marked other than "natural", or thams 23a or 28a-1 show other traumatic event, the Madical Exam natural bandlind at To Be Completed by Funeral Director		Meritel Status 1 Never Merr 3 Widowed		ied							c.)	Black, White, etc. Specify: Black		etc.		
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	19	e. informent's N												vn, Stata, Zip Coda)		
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Certification:		2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida	6 Could a	not be	De Class of Jainer, At home form street featons			reet, fectory,	ry, office 281. Location City or To				tion (Street end Number or Rurel Route Number, or Town, State) 1830 North Bond			
edical C	29	a. Cartifier (Check only one)	1 Cartifyin	g Physicia Examiner:	n: To the basis On the basis end menner	of examin	owladga, daal	h occurred e	t the tim	ne, date end pointon, daath	piece, and dua occurred et the	to tha ce tima, da	eusa(s) end mata and plece,	ennar as s	stated. o tha cause(s)	
Medical Certification:	29	b. Signeture end	title of certifie	1	11.			29c.	License	number			9d. Dete signe			

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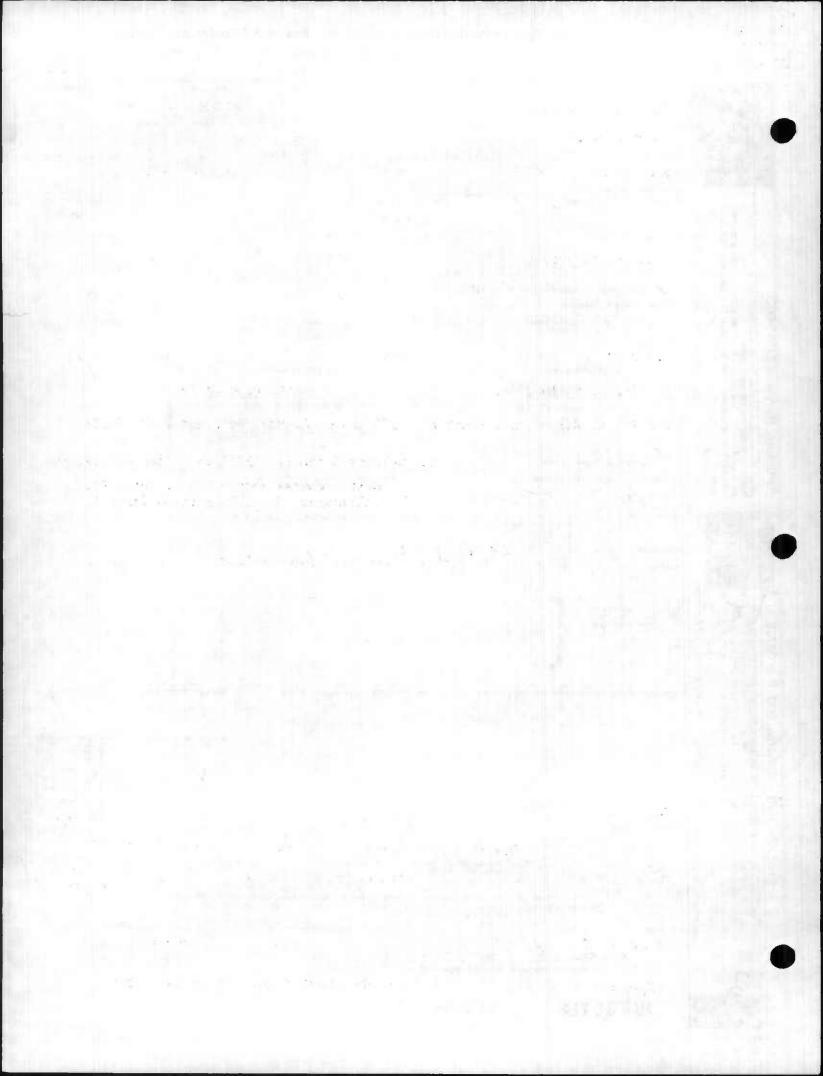
30. Name and addrass of person who complated causa of smath (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

MARCH 25, 1998

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Bing Helen 28 1998 7:00 AM March 4h City Town or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth 3905 Algiers Road Baltimore Randallstown If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1□ M 2\ F Vrs 91 Aug 21, 1906 220-62-3726 Maryland Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 🏋 No Baltimore Randallstown 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code U.S.A. 3905 Algiers Road 21133 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 ☒ No It Yes, Giva Yeer or Detes: 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: 3√Widowed 4 □ Divorced White 16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) Collage (1-4or 5+) 8th Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Mary Elizabeth Browning Charles Frederick Rau 19e. Intorment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1435 Langford Road Baltimore, MD 21207 Mrs. Nancy Bahr (Daughter) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4/8/98 Elkridge, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) Meadowridge Mem Park 22. Neme and Address of Feclity 21. Signature of Funerel Service Licensae Loring Byers Funeral Directors, Inc. lus 8728 Liberty Road Randallstown, MD 21133 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory errest, shock, or haart tailura. List only one cause on each line. Approximete Intervel Batwo Onset and Death Zheimen's Disease Immediate Causa (Finel disease or condition resulting in death) Dua to (or as a consequence of) Dua to (or as a consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Failure to theire 24b. Were autopsy tindings eveilabla prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 1 No 1 ☐ Yes 2 ☐ NO

Physician /Medical **Examiner**

Physician

'- /Medical

Examiner

Funeral

Director

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r than "natural", or items 23s or the Medical Examiner must be

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3altimore, Maryland 21215-0020

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page 2 has certificete this uneral After ! i or Attending P after deeth. I Director: After

Division of Vital

Hospital

Physician/Medical þ Completed Be

To the Hospital within 24 hours a To the Funeral C completely

State Registrar

Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Diseasa or injury that initieted events resulting in death) Lest Part II. Other significant conditions contributing to deeth but not resulting in the underlying causa given in Pert I. 25. Wes case raterrad to medical exeminer? 26. Place of Death (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Desidance P 1 Yes 2 LNO 6 ☐ Other (Specify) 27. Manner & Deeth 28d. Describe how Injury occurred 28e. Deta of Injury (Month, Dey Year) 28b Time of 28c. Injury at Work? Certification: ENatural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 TI Suidide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide edical 29a. Cartifier 1 Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end plece, end due to the causa(s) and manner es steted. 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

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29d. Dete signed (Month, Day, Year)

Randallstoan, nowsland

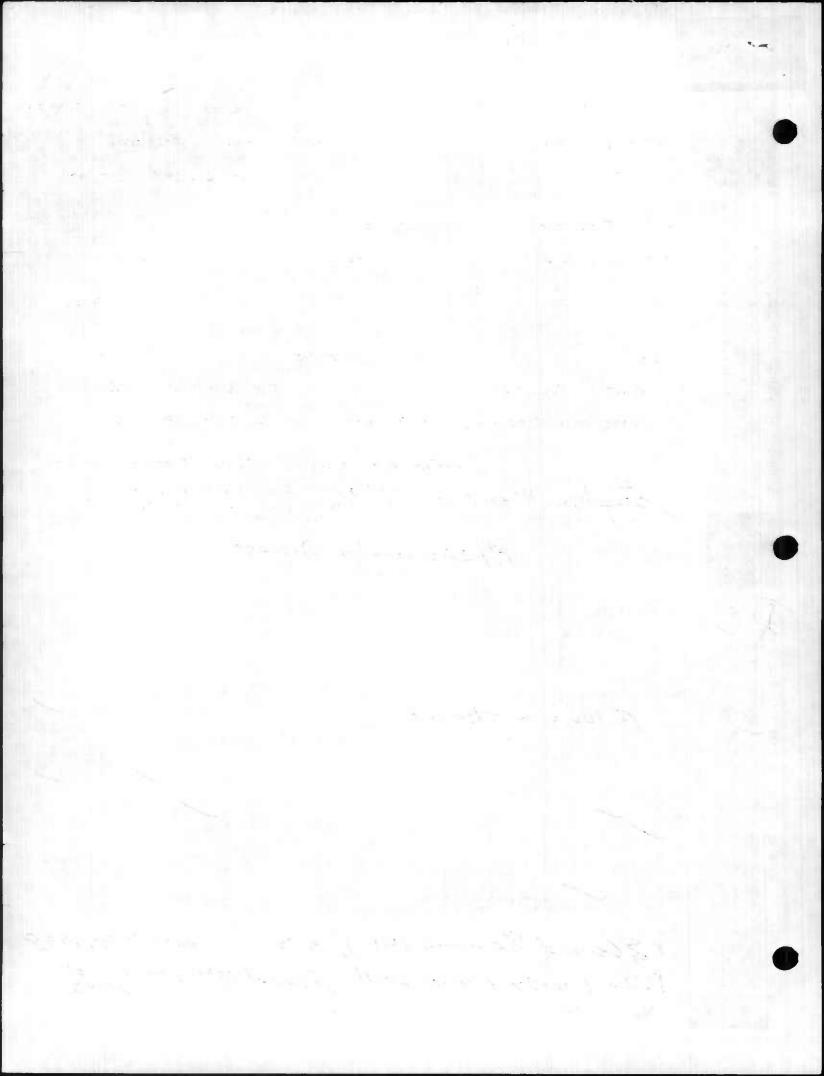
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30. Name and address of person who complated cause of death (Itam 23e) (Type, Print) 132 Registrar si Signetu Andere

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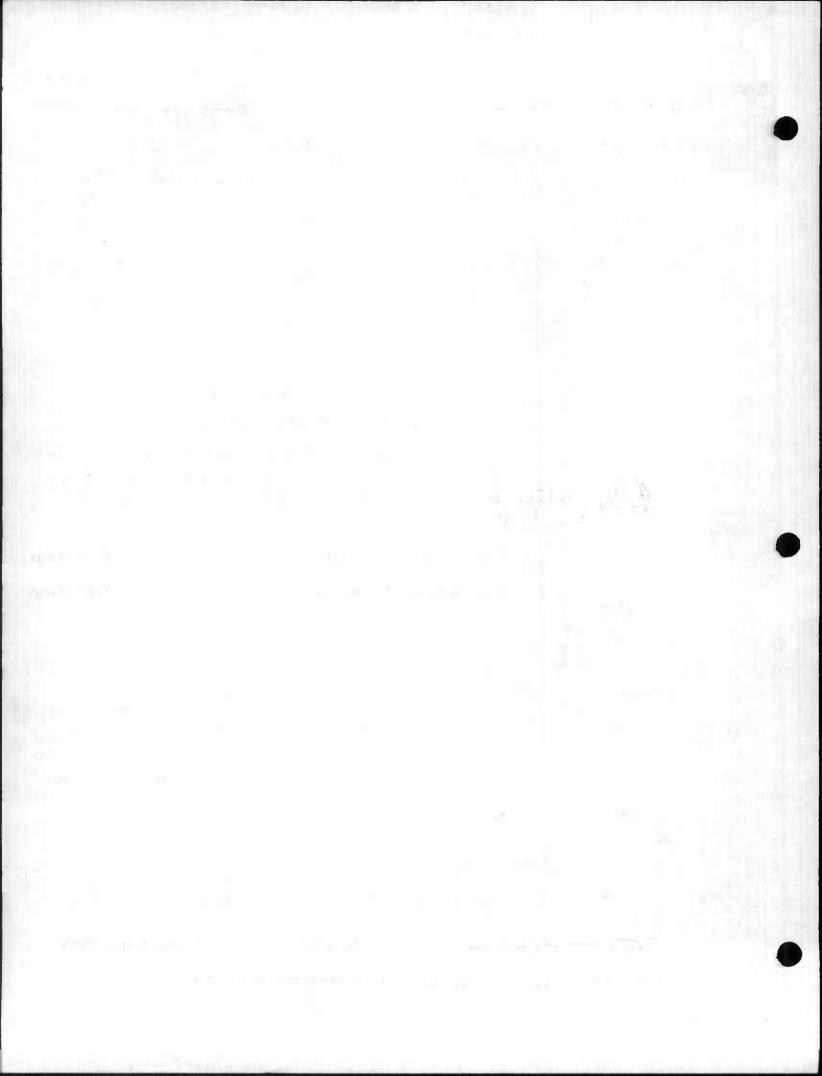
29b. Signeture end title of certifier

DHMH 16 Rev 6/95



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	/Medi Exami		4a. Fecility Neme (If not institution,		r)			4b. City, Town, or	Mana Location of Dee		ty of Death	2.416	
	Funeral Director	ner	JOHNS HOPKINS BA	YVIEW MEDI	CAL (. lest birthday) If	Undar 1 Year onths Deys	BALTIMO	8. Date of B		N/A 9. Birthi	plece (State or Fo	reign
	fand wo		Usuel Residence of Decedent 10e. State 10b. County			ity, Town or Location	on					10d. Insida City LI	Imite
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Maryland 21215-0020		Completed		15. Decedent's Education ipecify only highest grade completed) econdery (0-12) College (1-4c)		16e. Decedent's Usuel O (Give kind of work d iife. DO NOT use n REGISTERED N		during most of wo	16b. Kind of Business/Industry HEALTH CARE				
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rylan	s 1 and 2 should be filed f Health end Mental Hyg tem 27 is marked other other traumatic event,	To Be	CHRISTIAN SCHEFT 19e. Informent's Neme/Reletionship		M			MARGA	RET LIL	Y			
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altimore,	other tr		20e. Method of Disposition		20b.	Plece of Disposition cometery, cremeto	n (Neme of	T	Date	20c. Location	-		
Ē	Page: nant of int: If I		Burial 2 Cremetion 3 4 Donetion 5 Other (Spe		e ME	ADOWRIDGE	MEMOR	IAL PARK	3/30/98	ELKRID	GE, M	ARYLAND	
Balt	permit. Pages 1 an Depertment of Heal Important: if Item 2 any Injury or other once.		21. Signeture of Funeral Service Lic	Sensea J			ma and Address	ess of Facility W		UNERAL I			
	Physician		23e. Part1. Enter the disees, or or shock, or heert teilure. List or	emplications that cause by one ceusa on each	ed the dea line.	ath. Do not entar th	a mode of dyl	ng, such es cardia	c or respiretory	arrest,	1	Approximate Interval Batwaar Onset end Deet	n th
	/Medical Examiner	iner	Immediate Ceuse (Finel disease or condition resulting In deeth)	e. And		Brain I						four day	
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60,	sata be accuted the bural-transit	ai Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c	Due to (or es e consequence ot):								3
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	To the Hospital or Attending Physician: The i within 24 hours effer death. To the Funeral Director: After this certificate his completely filled in by the funeral director, page	ation: To	1 Yes 25 No 27. Manner of Deeth 1 Naturet 5 Pending 2 Accident investigal	28a. Date of In (Month, D	jury	28b. Time of thjury	28c. Inju Wo	4 LI Nursing F		how injury occ		(y)	
DIVISION	lal or Attendl rs eftar death. al Director: A ed in by the f	Certification:	3 Suicide 6 Could not determine	286. Piece of I						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
	To the Hospital within 24 hours of the Funeral Completely filled	edical	29a. Certifier (Check only one) 1 Cartifying 2 Madical Ex	Physician: To the bes aminer: On the basis and menner s	ot examin	owledge, death occ etion end/or investi	curred et the ti getion, In my	me, dete end plece opinion, deeth occu	e, end due to the arred et the time	e ceuse(s) and r e, dete and place	menner as s e, end due t	stated. o the cause(s)	
	vithin 2 To the	M	29b. Signeture end title of certifier				29c. Licen:	se number	T	29d. Date sign	ned (Month,	Dey, Year)	
				- Oor m	D		NOT	74		March	1,26	1998	
	10		30. Name and address of person with	o completed cause of	deeth (Ite	m 23e) (Type, Prin	ins Ho	spital E	Bayvie	حبا			
	Sta Registr	-	31. Dete filed (Month, Day, Year) MAR 3 0 19	98 32. Figure	irars sign	dson-Randa	20						



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State of Maryland / Department of Health and Mental Hygiene Item 8 Per FH Film G757 3-30-98 rja Certificate of Death Reg. No 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month **Physician** CUNNINGHAM WILLIAM 08:00 MARCH 1998 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Arundel North NOSP Glen Burnie ar If Under 24 Hrs. 8. s Hours Min. Anne Arundel If Under 1 Year 8. Dete of Birth (Month, Dey, Year) 1928 9. Birthplece (Stete or Foreign Country)
Feb. 15, 1998 Pennsylvania 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Devs Months XXM 2□F 70 Yrs. 168 22 2163 Director Usual Residence of Dacedant 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Maryland Prince George's Director Bowie 1√Yes 2□No 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? 6 items 23a 13000 Viewpoint Lane 20715 Funeral United States Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 25 Married NO Pres 2 No Pres Give Yeer or Dates: 46–47 ŏ Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify þ Specify White 3 ☐ Widowed 4 ☐ Divorcad "natural", Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired Data Analyst-15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Businass/Industry U.S. Air Force nd Mental Hygiene. merked other than Elementery/Secondary (0-12) Collage (1-4or 5+) Civilian Computer Programmer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 end 2 should be f nent of Health end Mental ! 0 Matthew Cunningham Sarah Repine 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) item 27 i Ellen C. Cunningham Wife 13000 Viewpoint Lane Bowie Maryland 20715 Baltimore, 20b. Plece of Disposition (Name of cemetery, crematory or other plece) March 31, Dete 20e. Method of Disposition 20c. Location - City or Town, Stete Department of important: If it any injury or or A Burial 2 ☐ Cremetion 3 ☐ Ramovel from State 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Heart Cemetery Bowie Maryland 21. Signeture of Funeral Service Licanses 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23e. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only bna causa on each line. Approximate Interval Batween Onset end Deeth Physician /Medical tmmediete Causa (Final chydration disaase or condition resulting in deeth) Examiner Due to (or as a consequenca of) Examiner 10515 Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Diseese or Injury that Initieted events resulting in death) Last Box 68760, Metastatic Physician/Medicai P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 | Yes 2 | No 3 | Probably 4 PHTnknown Records. ð 24b. Were autopsy findings availebla prior to completion of cause of daath? Completed 24a. Wes en autopsy performed? page 2 1 Vas 2 No 1 Yes 2 No Vital i or Attanding Physician: efter death. Director: After this certifica Be 25. Wes case raferred to medical 26. Place of Deeth (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) To 1 Yes 2 No Division of Date of Injury (Month, Dey Year) 27. Mennar of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Maturel 5 Pending Investigation 1 Yes 2 No 2 Accident filled in by the 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Straet end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a
To the Funeral C
completely filled Hospital Medical 29a, Certifier 1 Cartifying Phyelcian: To the best of my knowladga, daath occurred et the tima, date end plece, end due to the ceuse(s) end manner as steted. 2 Medical Examinar: On the besis of axaminetion end/or invastigation, in my opinion, death occurred et the time, deta end place, and due to the ceuse(s) and manner steted. ş 29b. Signatura end title of cartifler 29d. Data signed (Month, Dey, Yeer) 29c. License number 51010 March, 28,1998 30. Name end addrass of person who completed causa of daath (ttem 23a) (Typa, Print) North Brundel Hospita ZAYDAN, MD MUHAMMAD-ALI A.

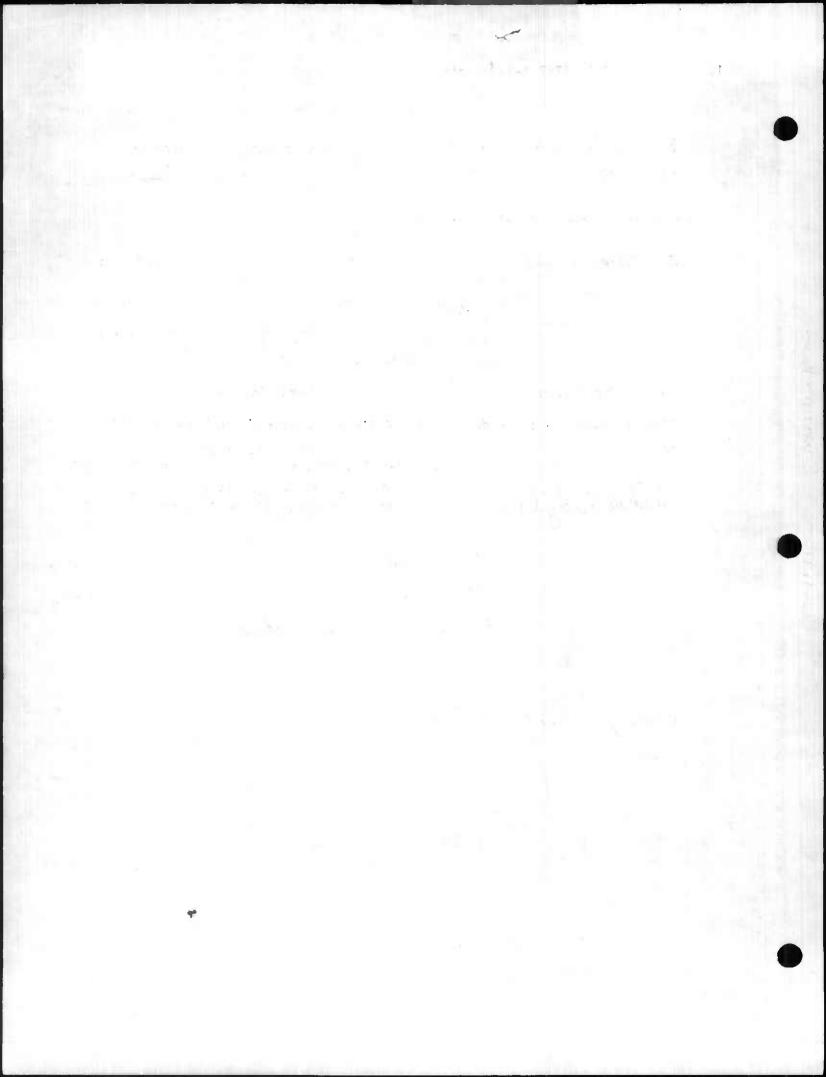
Registrar **DHMH 16 Rav 6/95**

31. Dete filed (Month, Dey, Yaar)

MAR 3 0 1998

32. Registrar's Signature ma andra Manchall

unning ham



98 - 1B.K. CHRI

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permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene.

Phys /Me Exa

Baltimore, Maryland 21215-0020

		Certificate	of Death	Reg. No.	0000	120
Decedent's Nama (First, Middla, La	nst)	1 /		2. Data of Daath Month Dey		3. Time of Death
Clarence	Chris	Topher		MARCH 26.	1998	1950 PM
4a Facility Nama (If not Institution, giv	a street and number)	1	4b. City, Town, or	Location of Death 4c.	County of Death	1
1105 McKEAN AV	ENUE		BALTIN		NIF	4
5. Social Security Number 6. S	Sax 7. Aga (In yrs.	Months Da	ear If Under 24 Hrs ays Hours Min.	U. Date of Direct	9. Birthplac	a (State or Foreign
217-17-0111	13	Yrs.		Sept. 5,19	122 Mar	yland
Usual Residence of Decedent 10a. State 1 10b. County	10c Cit	y, Town or Location			100	I. Inside City Limits
Maryland III	4	Ralling	C 0			1 Yas 2 No
Marylana N	Δ	Daltiffo		40- Okto		
10e. Streel and Number	1	10f. Zip Co	2/2/7	10g. Cat2	zan of What Country	4
1105 MICHE	an Aven	ue o	41211		451	
11. Marital Status	12. Was Decedant Evar in U Armed Forcas?	,S. 13. Was Decedani If Yas, specify	of Hispanic Origin? (5 Cuban, Maxican, Puar	Specify Yas or No- to Rican, atc.)	 Race - American Black, White, at 	
1 Nevar Married 2 Married	1 Tas 2 No If Yas, Giva	1□ Yas 2⊠	No Specify:		Specify: \	0100
3 Widowad 4 Divorced	Year or Dates:	And Broad of the 120		40h Kin	Ned	ro
15. Decedant's Ed (Specify only highest gre		16a. Decedant's Usuai O (Giva kind of work de life. DO NQT use re	one during most of wo	orking 160. Kir	nd of Businass/Indus	, /
Elemantery/Secondary (0-12)	College (1-4or 5+)	1000	rer		nostr	uction
17. Fathar's Nama (First, Middla, Last,		- 400	18. Mother's Na	ma (First, Middla, Majdan	Sumame)	2011011
RUSSOIL	Christon	phor	El:	zalath	Mhris	toppor
19a. informant's Name/Raiationship ((Type, Print) (Friend)	19h Mailing Address (St	reet and Number or B	CUDCIII	Town State Zin C	ode)
Me Charlotte	Do II	20 N/ M	Anasta	r. 1 A. 10 7	20 /to N	17 71720
20a. Mathod of Disposition	20b. F	Place of Disposition (Nama o	0119516	Dale 20c. Los	cation - City or Town	Stata
1 Duriai 2 Cramation 3		cematary, cramatory or othar	place)	42/ge 1	L 1	1- M1
4 Donation 5 Other (Specif	- V	vestern	Star	12/10 Cal	ionsuil	ie, Ma.
21. Signature of Funeral Service Licer	1000 P(D)	22 Name and A	ess of Security	s Funera	1 Hom	9
Melbh	d. Trus	1 2222	W. Nor	th Ave, E	3altol	Nd. 21214
23a. Part V Enter the disease, or com shook or heart tallyre. List only	plications that caused the deat	h. Do not antar tha mode of	dying, such as cardia	c or respiretory arrest,	A	pproximate ntarval Batween
0 0				•	C	Insat and Death
Immediate Cause (Final disease or condition	Antonoscue	moric CAM	OVASau	um DISED	55	
resulting in deeth)		or as a consequanca of):				
Sequentially list conditions,	Due to (c	or as a consaquanca of):				
if any, laading to immadiate causa. Enter Undarlying Cause (Disaasa or injury						
that initiated evants resulting in death) Last	C. Dua to (c	r as a consaquance of):			1	
rasoning in coatil) cast						
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		ulting in the underlying caus	a givan in Part I.	23b. Did tobacco	uae contribute to t	he cause of death?
Part II. Other significant conditions of	contributing to death but not ras					
Part II. Other significant conditions of	ontributing to death but not ras			1 Yes 2	□ No 3 □ Proba	bly 4 Onknown
Part II. Other significant conditions of	contributing to death but not res			1 Yes 2	□ No 3 □ Proba	bly 4 Onknown
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Part II. Other significant conditions of	contributing to death but not ras			24a. Was an autop performed?	24b. Ward avail comi of de	a autopsy findings able prior to pletion of cause ath?
	contributing to death but not ras			24a. Was an autop performed? Du Perron 1 Yas 25	24b. Ware avail common of de	a autopsy findings eble prior to pletion of cause
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25. Wes case rafarred to medical	Hospital:	ER/Outpatient 3□ DOA 28b. Tima of 28c.	Other:	24a. Was an autop performed? Du Perron 1 Yas 25	24b. Warravali common of de	a autopsy findings able prior to pletion of cause ath?

To the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

Medical Certification

within 24 hours after deeth.

To the Funeral Director: Afte completely filled in by the fune

State

Registrar

29b. Signatura and titla of certifiq

2 Accident

3 ☐ Suicida 4 ☐ Homicida

29a. Certifier (Check only one)

31 Date filed (Month, Day, Year)
MAR 3 0 1998

6 Could not be datamined

30, Name and address of person who completed cause of death (Item 23a) (Type, Print) ORGW 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature who Davidson Randell

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

lem

DHMH 16 Ray 6/95

28f. Location (Street and Number or Rural Route Number, City or Town, State)

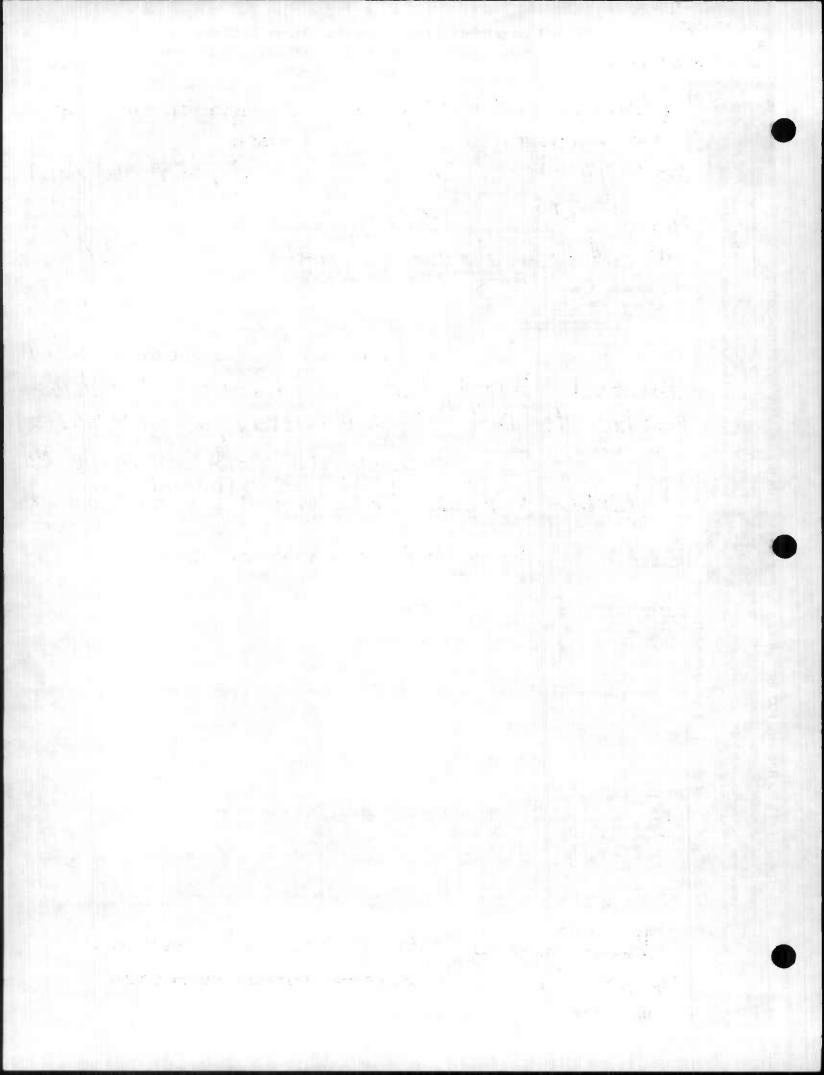
1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Dala signed (Month, Day, Year) 29c. Licansa number

O.C.M.E

MARCH 27, 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month Norma Dell Cook 150 AM MAR 25 1998 4b. City, Town, or Location of Death 4e Facility Neme (If par institution, give street end purriper) 4c. County of Death If Under 24 Hrs. 8. Date of Birth Month, Day, Year 01/27/1921 5. Social Security Numbers 7. Age (In y last birthday) Birthplaca (State or Foreign Country) 1 M 2 F Months Days Yrs. Missouri 496-16-9509 Usual Residence of Decedent 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location 1 Yes 2 No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 5156 Edmondson Ave. USA 21229 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indian, 11. Maritel Status Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Clerk years Retail Sales 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Norman Hall Della Mae Brown 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) C. Edward Cook / Husband 5156 Edmondson Ave. Baltimore, Maryland 21229 20b. Place of Disposition (Name of cemetery, crematory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 MCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematorium 3/25/98 Baltimore, Maryland 21. Signature of Funeral Bervice Licensee 22 Name and Address of Facility 23a. Parl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Approximate David J. Weber Funeral Home Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) 17 days Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown OVATION CONCET 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 28. Place of Death (Check only one) Hospital: 1 (Anpatient 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

8 eigned by page 2 certificate has After this Director ö

Physician

/Medical

Directo

Funeral

þ

Completed

Examiner

Funeral

Director

7 is marked other than "natural", or flams 23a or 28a-f ahow traumatic event, the Madical Examinor mant by notified at

the Maryland

72 hours after

filed within 7 Hygiene.

and Mental Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nam 27 is marked other any injury or other traumatic event.

Physician

/Medical

Examiner

Examiner

Physician/Medical

2

Completed

Be

To

Certification:

Medical

29a. Certifier

(Check only one)

Baltimore,

To the Hospital Within 24 hours a To the Funeral D

State Registrar

29c. License number Kysican

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated.

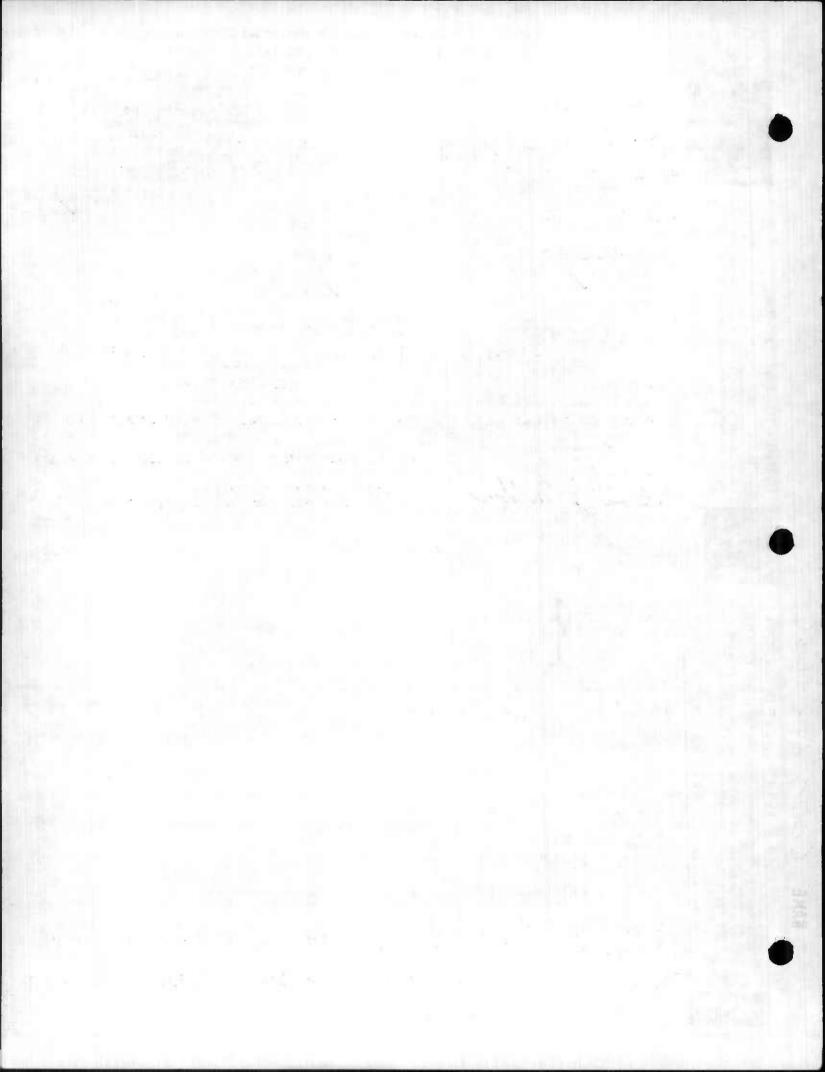
29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

SA Agnes Lee, M.D

900 Caton Ave., Baltimore, UID 21229

31. Date lied (Month, Day, Year) MAR 3 0 1998 Gogistrar's Signature he Davidson



98-1578-510 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene RONALD Items: 23 part I,27,28a-f per MEO G-758 4/1/98 rebrificate of Death DAMOND 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Day **Physician** DAMOND KONALD Lee MARCH 21. 1998 00:10 AM /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner MARYLAND GENERAL HOSPITAL BALTIMORE
If Under 24 Hrs.
Hours Min. If Under 1 Year Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 6. Sex **Funeral** 1 M 2 □ F Months Days Yrs. 220-64-2862 Usuel Residence of Decedent 43 MARYJAND 03-18-1955 Director 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f show the Wedical Exerniner must be notified at 1 Yes 2 No Directo BALTIMORE MARY AND
10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? U.S.A STREET 727 LENNOX 21217 Funeral 12. Was Decedent Ever in U,S. Armed Forces?

12 Yes 2 □ No II Yes, Give Yeer or Dates: 1979 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 à 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) d 2 should be filled within 7; th and Mental Hygiene. 7 is marked other than "ru Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) CONSTRUCTION 12 th LABORAL 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be BeAtRICE Keene JEROME 2 DAMON 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) permit. Pages 1 and 2.
Department of Health a tmportant: If them 27 te.
any fnjury or men. Rose - mother MARYLAND 2/2/7 20c. Location - City or Town, State BEATRICE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Cemetery Derrick C. Jones Funces

22. Name and Address of Facility Derrick C. Jones Funces 1 Surial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Dother (Specify) Mt. ZION CEMETERY 21. Signature of Funeral Service Links Home, 4611 PARK HCIGHTS AVENUE, 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximeta intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final ACUTE NARCOTIC INTOXICATION disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner physician and the burial-trans Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Box 68760 certificate be Physician/Medical Due to (or as e consequence of): 88 950 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. detached the 1 Yes 2 No 3 Probably 4 Onknown signed by t Records, P 24b. Were eutopsy lindings aveileble prior to completion of ceuse of death? 24e. Was an autopsy performed? Completed page 2 has 1 Nes 2 No 1 No 2 No certificate Division of Vital Physician: 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 8 Other (Specify) Spital: 1 Inpatient 2 ER/Outpatient 3 DOA

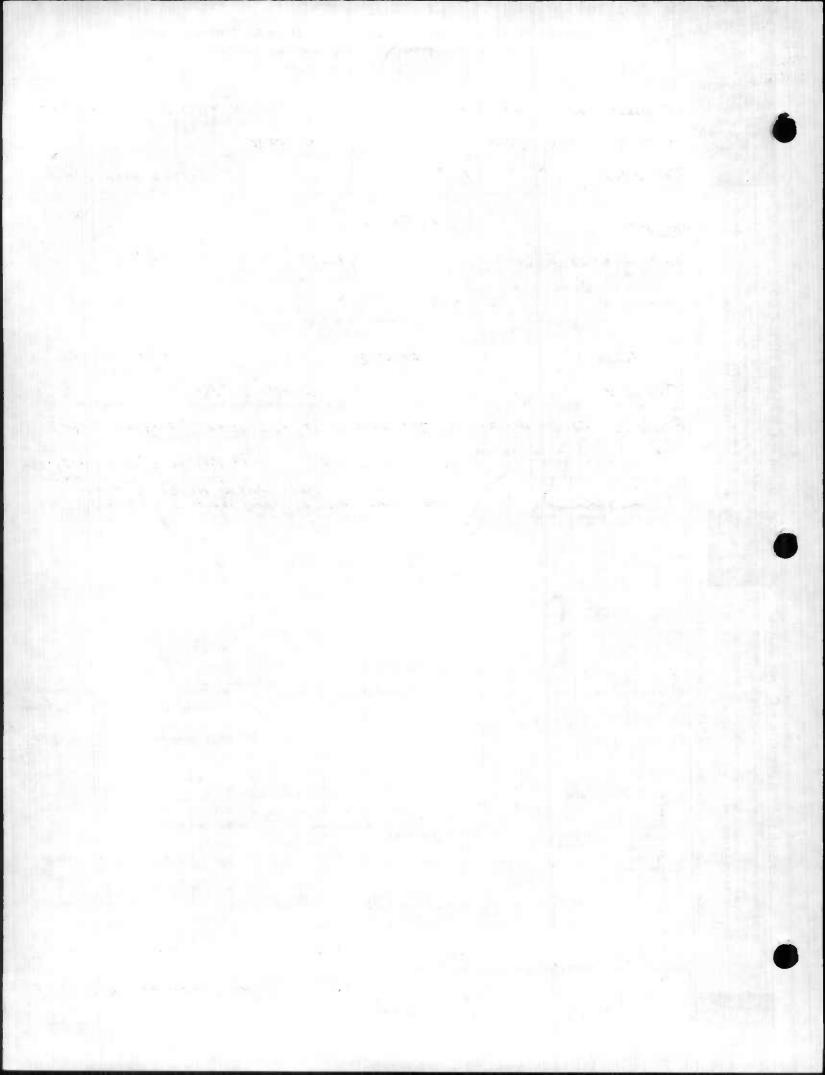
28a. Dete of Injury
(Month, Day Year)

FOUR DAY 9 2 1 XYes 2 No this funeral 28c. Injury at Work? 27, Manner of Death 28d. Describe how Injury occurred Certification: After 5 Pending investigation Attending foundinat 1 Natural after death. Director: Aft found 3/20/98 1 ☐ Yes 2 No Unknown 2 Accident 5:30 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 703 Lennox St. 28e. Place of Injury - At home, larm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 6 Found at home 24 hours a Baltimore, Md. Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and manner as steled.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifie edicai (Check only one) within 2 å, 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number MARCH 21, 1998 linten OCME Lennis 30. Name and address of person and completed cause of deeth (item 23e) (Type, Print) Dennis MD 32. Registra Signature 111 Penn Street, Baltimore, Maryland 21201 31. Date liled (Month, Dey, Year) State

Registrar

APR 01



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth MARCH 26

1. Decedent's Neme (First, Middle, Last) **Physician** THOMAS DAUTE /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner BALTIMORE CITY CHURCH HOME HOSPITAL 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months, Days Hours Min. AUG. 28, 1928 5. Sociel Security Number **Funeral** 1 ☑ M 2 □ F 218-22-2155 Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location CITY BALTIMORE CITY MD Director 10e. Sireet end Number 10f. Zip Code 21231 223 SOUTH COLLINGTON AVENUE 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ZVZ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried AME KNOWN TO PHYSICIAN 1 ☐ Yes Z No Specify: 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) MILL WRIGHT CARPENTER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) JEANETTE LEDDON RATHEY MCKINLEY DAVIS 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 612 SOUTH CHAPEL STREET BALTIMORE, MARYLAND 21231 19e. Informent's Neme/Reletionship (Type, Print) HELEN ROBINSON/DAUGHTER 612 SOUTH CHAPEL STREET 20b. Plece of Disposition (Name of cemetery, cremetory or other plece, 20e. Method of Disposition 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State 3/30/98 BALTIMORE, MARYLAND HOLLY HILL CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetum of Funerel Service Licensee 22. Name and Address of Fecility LILLY & ZEILER, INC. FUNERAL HOMES 23a Part Entry the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock and failure. List only one cause on each line. **Physician** /Medical Immediete Ceuse (Finel diseese or conditio resulting in deeth)

Examiner

Box 68760

P.O. I

Records,

Division of Vital

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Physician/Medical

. Chunic OBSTNOSILL PULMONAM DECUSE Corunam ARTERY DISERSE
Due to (or és e consequence of): Due to (or es e consequence of)

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. Gastrointestinal BIEEDING

23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were eutopsy findings evelleble prior to completion of cause of deeth?

1 ☐ Yes 2 1 No

1 ☐ Yes 2 ☑ No

26. Piece of Death (Check only one)

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how Injury occurred

25. Wes case referred to medical 1 ☐ Yes 2 No 27. Menner of Deeth

5 Pending investigation

MAR 3 0 1998

28e. Dete of Injury (Month, Dey Year) 6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28b. Time of

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only one)

Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end manner stated.

29b. Signature end litle of certifier

D50236

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

32. Refrigers signature Pandale

32. Refrigers signature Pandale Bonscim 31. Dete filed (Month, Dey, Year)

State Registrar

DHMH 16 Rev 6/95

al or Attending Physics efter death.

Il Director: After this ed in by the funeral d

To the Hospital o within 24 hours ef To the Funeral Di completely filled is

BALTIMORE, MARYLAND 21231

20c. Location - City or Town, Stete

Approximete intervel Between Onset end Deeth

9. Birthplece (State or Foreign

10d. Inside City Limits

1 Yes 2 No

MARYYAND

10g. Citizen of Whet Country? U.S.A.

Specify:

16b. Kind of Business/Industry

Race - American Indian, Bleck, White, etc.

NATIONAL CAN COMPANY

WHITE

29e. Certifier

1 Neturel

2 Accident

3 Suicide

4 Homicide

Completed

Be

P

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

29c. License number

29d. Date signed (Month, Day, Year)

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Maryland 21215-0020

Baltimore,

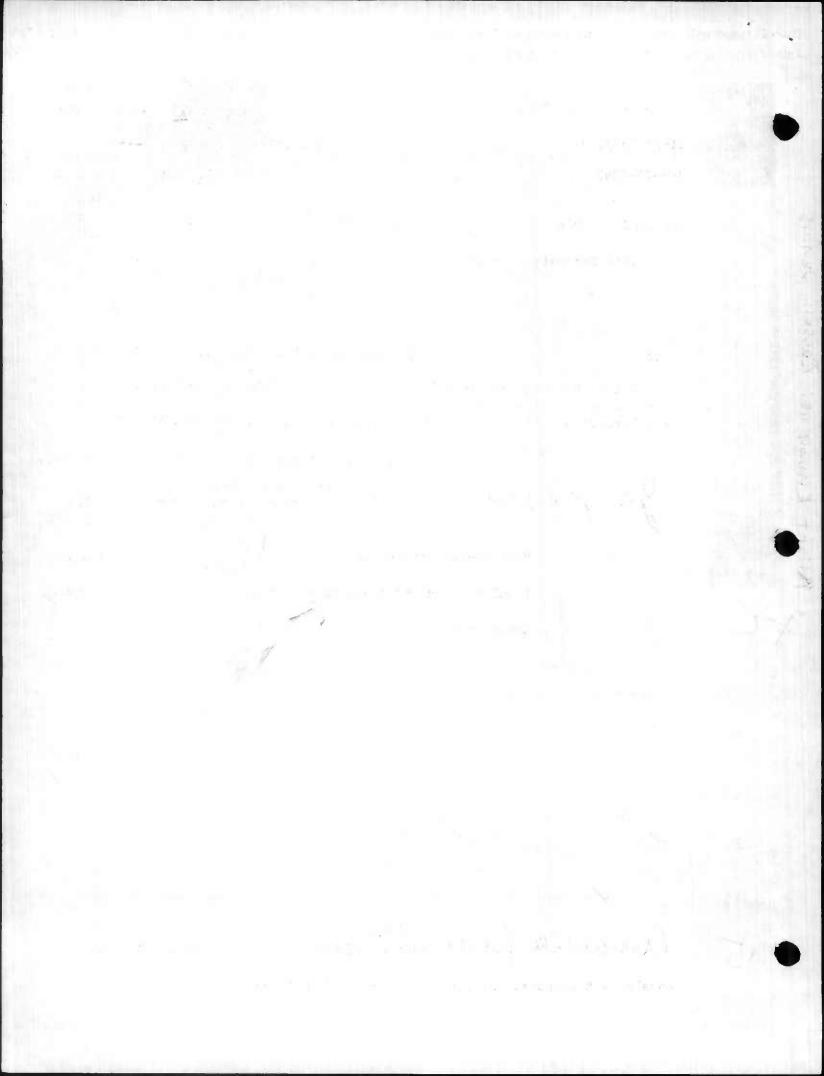
12 should be filed w h and Mental Hygier Is marked other ti

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attanding f

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month Year Russell D. Dennis 23 1998 March 1807 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death N/A Sinai Hospital Baltimore If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Nov 3, 1936 5. Social Security Number Birthplace (State or Foreign Country) Months 1 □XM 2 □ F Yrs 106-28-7543 61 New York Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☑ Yes 2 ☐ No Director N/A Baltimore City Maryland 10e. Street end Number 10g. Citizen of What Country? 3810 Ferndale 21207 U.S.A. Avenue Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No tf Yes, Give Yeer or Dates: 1 ☐ Never Married 2 M Married 1 Yes 2₺ No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Alban Tractor Field Service Engineer-Superv. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Etha L. Vastbinder Elias Barton Dennis 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3810 Ferndale Avenue Baltimore, MD Mrs. Barbara Dennis 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Lake View Memorial Park Mar 27, Sykesville, Maryland 22. Name and Address of Facility
Loring Byers Funeral Directors, Inc. ure of Funeral Service Licensee 8728 Liberty Road Randallstown, MD 21133 23a. Part Enter the disease, or complications that edused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset and Death Immediate Cause (Final disease or condition resulting in death) Ventricular arrhythmia 1 day Due to (or as a consequence of): Examiner b. Insulin dependent diabetes mellitus 20 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): . Atherosclerosis Physician/Medical Due to (or es a consequence of) 23b. Did tobacco use contribute to the ceuse of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 1 Yas 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 Yes 20 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpetient 2 DER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Meturel 5 Pending 1 TYes 2 No Investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homtcide edical 29a. Certifier 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end pleca, end due to the cause(s) and magner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D38621 March 24, 1998 30. Name end eddress of person who completed cause of death (Item 23a) Type, Print) Annabelle Rodriguez, MD, Sinai Hospital of Baltimore 38. Registrar's Signature Randall 31. Date filed (Month, Day, Year) MAR 3 0 1998 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item# | per Phy, Item#7, 8 per FH G757 3/31/ Sertificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Death Andrew C. Firek Firak March 20, 1998 6:30am 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 1412 Haubert Street Baltimore City N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 1920 9. Birthplace (State or Foreign Months, Days Hours Min. September 20, 1930 MD 5. Sociel Security Number 7. Age (In yrs. last birthday) 100M 2□ F Months Yrs. 216-01-3362 77 67 Usual Residence of Deceden 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No MD N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1412 Haubert Street 21230 United States 12. Was Decadent Ever In U,S. Armed Forces? Army 120 224 ≥ □ No If Yes, Give Yeer or Dates: WWII Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Stetus 1 Never Merried 2 Married 1 ☐ Yes 2 XXIO Specify: White 3℃Widowed 4 Divorcad Decadent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Shipping Clerk 7th Grade N/A Manufacturing 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Walter Firek Firak Katherine Sowa 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Stephanie A. Mrozinski /Niece 1412 Haubert Street, Baltimore Maryland 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XXBuriai 2 Cremation 3 Removel from Stete Holy Cross Cemetery March 23, 1998 4 ☐ Donation 5 ☐ Other (Specify) Baltimore MD 21. Signature of Funeral Service Licansee Victor P. Doda, Jr. 22. Name and Address of Fecility Charles L. Stevens Funeral Home, Inc. 1501 East Fort Avenue, Baltimore Maryland 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Metastatic Prostate Cancer Immediete Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Disease 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2 PNo 1 ☐ Yes 2 ☐ No 28. Piece of Deeth (Check only one) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

Physician /Medical **Examiner**

Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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Items 23a death

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should be filed within 7; and Mental Hygiena.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked ofthe any Injury or other traumatic event size.

Director

Funeral

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Completed

traumatic event, the Medical Examiner must be notified at

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

P.O. Box 68750. 2 signed by t Records, Vital

The law requires that the death certificate page 2 s certificata Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director, i within 24 hours a
To the Funeral D
completely filled

Division of

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Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. Reptic Vicer ò Be Completed 25. Wes case referred to medical Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 27. Manne of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical

29c. License number

29d. Dete signed (Month, Day, Year)

D39660 Murch 21, 1998

State Registrar

31. Date filed (Month, Day, Year)
MAR 3 0 1998

Kohert Dout, M.D

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature and title of cartifier

Respect Durt 901 E. Fort Aul. Baltimere MD 21230

Date filed (Month, Day, Year)

MAR 3 0 1998

32. Religious Fundade

MAR 3 0 1998

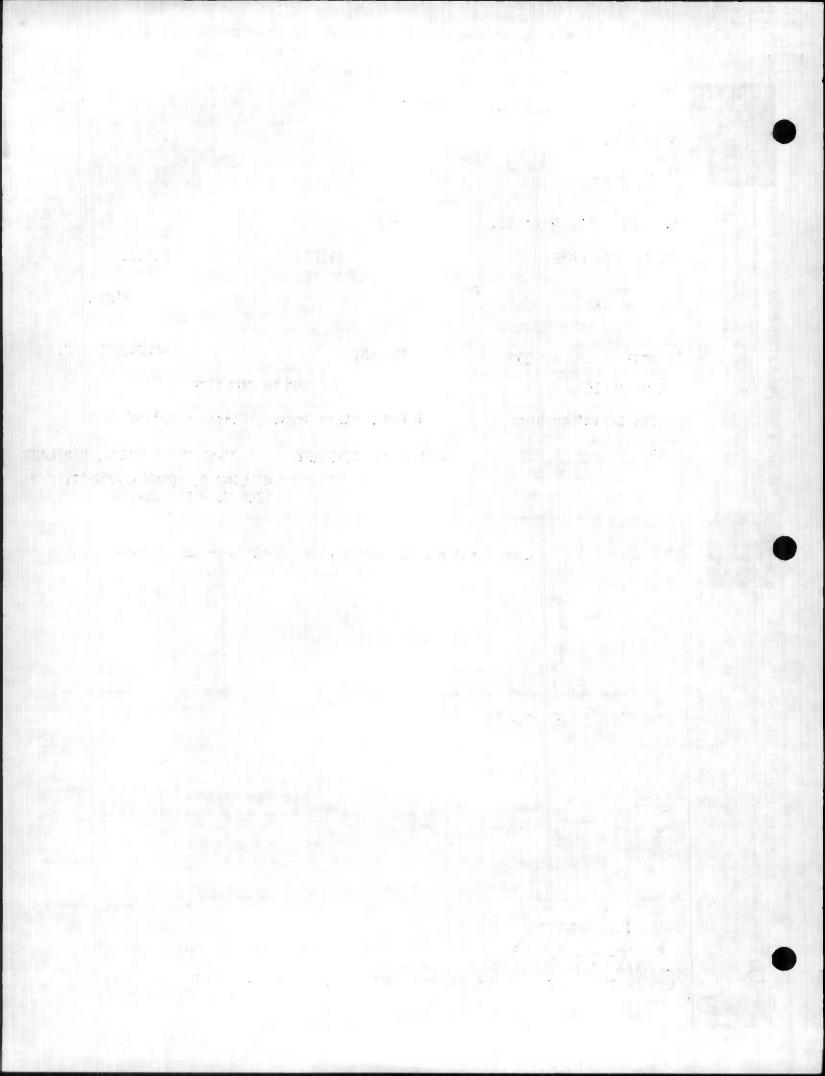
LEWISHUR DOWNERS CONTINUES OF THE PARTY.

98-1623-005 wlc MARIE WILLIAMS FIELDS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

IE LD	WILLIAMS S	5	State of Marylan	nd / Department of Certificate of			giene Reg. No. 8	097	32
	Physician /Medical	Decedent's Neme (First, Middle, La	IILLIAMS FI	IELDS	2. Defe of Deeth March 23, 1998 Location of Deeth 4c. County of		g ^{eer} 4	Time of Deeth	
	Examiner	36 ALBERGE LANE		last hirthday) If Under 1 Ye	CHASE	BALTIMORE			(C4-4
	Funeral Director	5. Social Security Number 6. S 215-34-5452 Usual Residence of Decedent	DM of XE	Months De		8. Dele of Bin (Month, Da JUN 2	1937	Country)	Stete or Foreign
	a-f show	10e. Stete 10b. County MARYLAND BALTIM	10c. Cit	ty, Town or Location CHASE					side City Limits
	ter death with the Marylar terms 23s or 28s-f show the must be notified at Funeral Director	10e. Streel end Number 36 ALBERGE LANE			1220		U.S.	Α.	
020	ar, or	11. Marifel Slatus 1 Never Married 2 Merried 3 Widowed 4 DOO Yorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes:	13. Wes Decedent of If Yes, specify C	Specify Yes or No to Rican, etc.)	Ble	ce - Americen Ind ck, White, etc. v: BLACK	, White, etc.	
21215-0020	within sne.	15. Decedent's Et (Specify only highest gra Etementery/Secondery (0-12) 12 yres	ducetion ade completed) Cottege (1-4or 5+) 2yrs	18e. Decedent's Usuel Oc (Give kind of work do life. DO NOT use re AD ASST.	cupation ne during most of wo lired)	orking		Business/Industry	
Maryland	Mental H Mental H brked out atic even	17. Fether's Neme (First, Middle, Last, LEON WILLIAMS			JULIA	WILLIAMS			
	l and 2 sho lealth and m 27 is m her traum	19e. Informent's Name/Relationship (Lisa Scott/Daug	hter	19b. Mailing Address (Str 12190 Easte) Place of Disposition (Name of	rn Avenue,		Marylar	d 21027	
Baltimore,	thent of the tank: If ite	20e. Method of Disposition 1X Purial 2 Cremetion 3 C 4 Donetion 5 Other (Specification)	Removel from State	SBURY UMC CEMI	ETERY	3-28-97	WHITE MARSH, MARYLAN BROWN COMMUNITY F/H		
Bal	permit. Departri Importa any Inju	21. Signeture of Funerel Service Licer	T. Clore	22. Name end Ad	12	06 W. NO	ORTH AVE		TY F/H
	Physician /Medical Examiner	23a. Parl 1. Enter the disease, or com shock, or heart feilure. List only Immediate Ceuse (Finat disease or condition resulting in deeth)	Hypertensive	e Arterioscler or es e consequence of):				triter Onsi	roximete vai Between et end Deeth
Box 68760,	hearth certificate be associated attending physicial and for use as the burne-transit clear/Medical Examine	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	C	or as a consequence of):					
P.O.	ed by the detached	Pert II. Other significant conditions of		sulting in the underlying ceuse	given in Pert I.			ortribute to the	
Records,	e law requires has been sign ge 2 should be mpleted by					Inspe	en eutopsy ormed? Ction	avalleble	
f Vital	certific resctor	25. Wes case referred to medicet exeminer? ↑ No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□ DOA		eth (Check only o	one)	ner (Specify)	
Division of	Ahe hos	27. Manner of Deeth 1			njury et Work? I D Yes 2 No		how Injury occur		
Divi	oapital or Attend hours after death unersi Director: ny filled in by the cal Certificat	4 Homicide determined	building, etc. (Specif			City or To	wn, Stete)	ber or Rural Rou	te Number,
	To the Hospital within 24 hours a To the Funeral completely filled	(Check only one) 2 Medical Example (Check only one)	ysician: To the best of my kno ninar: On the basis of examine and menner steted.	ation end/or investigation, in n	ny opinion, deeth occ	e, end due to the urred et the time,	dete end place,	and due to the d	
	5 € 5 5 ×	29b. Signature and title of pertitler	*	100,000	.M.E.		March 2	4, 1998	rear)
8.	3 (Dennis Chute M.D			re, Maryla	nd 21201			

State Registrar 31. Dete filed (Month, Dey, Year) MAR 3 0 1998 Flegistrar's Signeture



has e 2 s certificate has director, page 2 or Attending Physicien: efter death. director. this funaral After Director: /

Division of Vital

Completed 25. Wes case referred to medical Be 2 Certification:

1X Yes 2 No 27. Manner of Deeth 5 Pending Investigation 1 Natural 2 Accident

29a. Certifier

295. Sland

6 Could not be determined 3 Suicide 4 Homicide

(Check only and title of certifie

3/19/98 28e. Plece of fnjury - At home, farm, street, factory, office building, etc. (Specify) Found in house

28a. Date of fnjury (Month, Day Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 28b. Time of fnjury 1 Yes 2 No Unknown

O.C.M.E.

28f. Location (Street and Number or Rural Route Number, City or Town, State) 715 N. Dolphin St. Baltimore, Md.

MARCH 20, 1998

2 | No

28d. Describe how injury occurred

Yes 2 No

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as steted.

Wedical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

Unknown

26. Place of Deeth (Check only one)

inpleted cause of death (Item 23a) (Type, Print) and address of person who

M wite eN 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

State Registra

11. Date filed (Month, Day, Year) MAR 3 0 1998

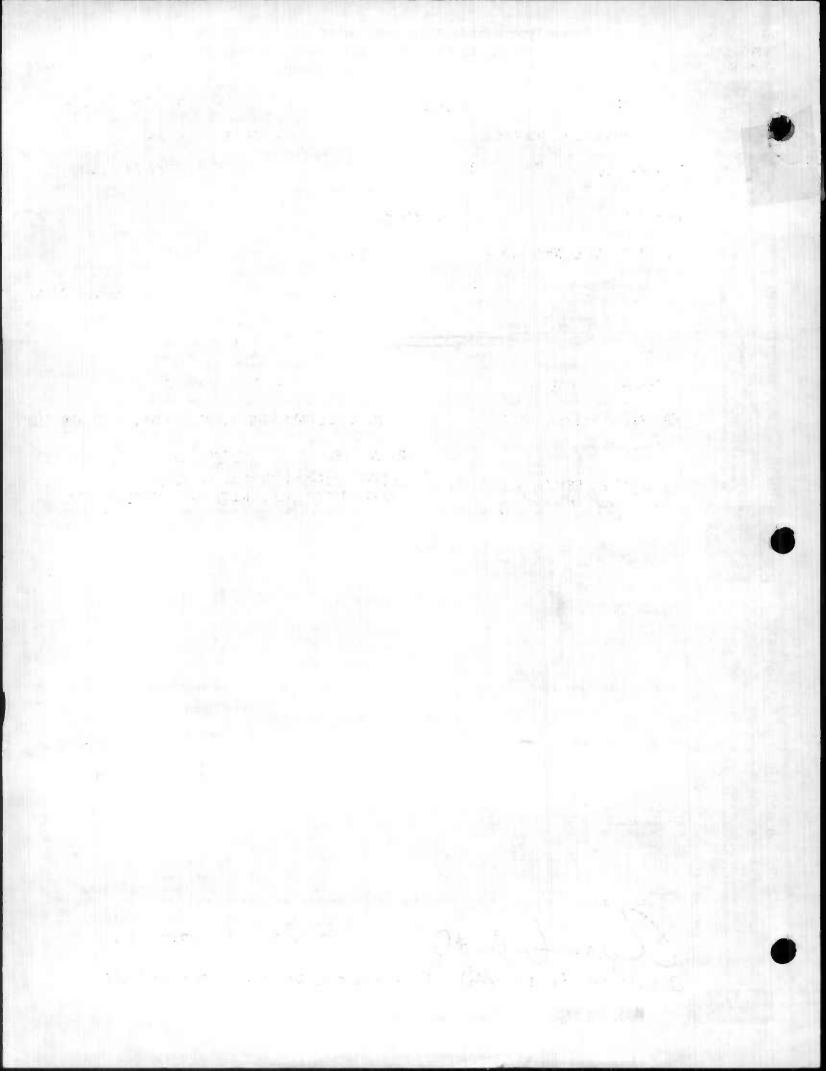
Jula Savidson

within 24 hours eff To the Funeral Di completaly filled in

Medical

Hospital

To the



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** March 24 Sandra M. Grob /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gilchrist Center of GBMC Towson Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 1 M 2 DXF 5 1 Yrs. 217-46-0571 Aug. 1,1946 Director Maryland Usuat Residence of Decedent 10c. City, Town or Location 10d. inside City Limits the Merylen 10a State 10h County tem 27 is marked other than "natural", or items 23a or 28a-f show other traumetic evant, the Modical Examination must be notified at XXYes 2 No Maryland Baltimore Directo 10e. Street and Number 10f. Zio Code 10a, Citizen of Whet Country? 1339 W. 42nd Street 21211 USA death v Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🔯 🕊 0 If Yes, Give 14. Rece - American Indian, 11. Meritel Status Black, White, etc. 1 Never Married XXMarried 1 ☐ Yes 2 K No Specify: Specify p 3 Widowed 4 Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. merked other then Elementary/Secondary (0-12) College (1-4or 5+) Hairdresser Beauty Shop 17 Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Peges 1 end 2 should be then of Health and Mental I in: If Nem 27 is marked of Elmer Blankenship Lucille Christenson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 21211 John H. Grob 1339 W. 42nd Street Baltimore, Maryland Husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Department of Important: If it any injury or o 1X Burial 2 Cremetion 3 Removal from State Parkwood Cemetery 3/27/98 Parkville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signeture of Funeral Service Micana Burgee-Henss Funeral Home, P.A. arpenli 3631 Falls Road Baltimore, MD 21211

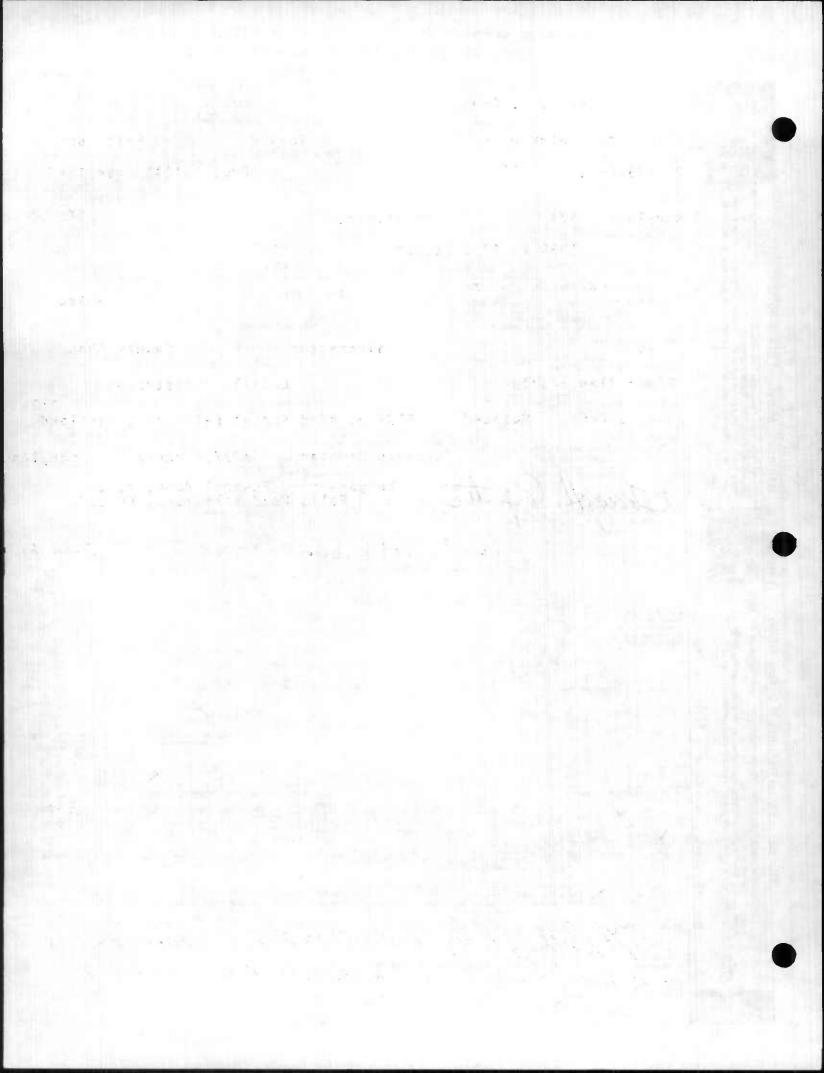
anter the mode of dying, such as cardiac or respiratory errest,

Approximately a service of the service Plint Enter the displayer or complication I that ceused the deeth. Do not enter the mode of dying, such as cerd shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** me to static lung Cancer /Medical Immediate Cause (Final 3 minth disease or condition resulting In death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): the death certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): esn signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 15 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 hes 1 ☐ Yes 2 ☐ No 1 Yes 2 No or Attanding Physician: funeral director, 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ♥No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 27. Manner of Deeth 28b. Time of 1 Naturel 2 Accident 5 Pending 1∏Yes 2□No 24 hours after death.

Funeral Director: A investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) within 2 the 29d. Date signed (Month, Day, Year) 29b. Signature and tipe of cepting 29c. License number 025205 MArch 24, 1918 , ano de

30. Name end eddress of person who completed cause or death (Item 23e) (Type, Print)
W. A. R. Ley GBINC 6701 N. Charles St. Bulto. Md 21204

State Registrar 31. Dete filed (Month, Day, Year) MAR 3 0 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death Item: 18 per FH G-757 3/30/98 dh 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death Month MARZCH **Physician** MARGARET HAUCK 6:40 pm 28, 1998 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore City Good Samaritan Hospital 8. Data of Birth (Month, Dey, Year) Feb. 11, 1910 If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funerai** 1 M 2 N F Days Yrs 216-28-1770 88 Director Baltimore, Md. Usual Rasidance of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Baltimore Baynesville 1 TYRS 2 NO NO Director Md. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1782 Weston Avenue 21234 United States Funerai 12. Was Decadant Evar in U,S. Armed Forcas? 13. Was Decadant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amaricen indian, Black, Whita, atc. 1 ☐ Yas 2 🕅 No if Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Spacify: Specify by 3 XWidowed 4 □ Divorced White Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit, Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If item 27 is marked other than *reny injury or other traumatic event, in the state of the property in the state of Elementary/Secondery (0-12) College (1-4or 5+) Retail Saleslady Stewart's Dept. Store 8 18. Mothar's Nama (First, Middla, Maidan Sumama) Matilda Maltilda M. Paulsen 17. Fathar's Nama (First, Middla, Last) Joseph R. Hinke 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) (Brother) 2806 Evergreen Ave. Baltimore, Md. Mr. Clarence H. Hinke 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 M Burial 2 Cramation 3 Ramoval from Stata 4/1/98 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore Maryland Parkwood Cemetery 21. Signatura of Funarai Sarvice Licensaa Milton J Knight Jr 22. Nama and Address of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 23a. Part1. Enter the disease, or complications that clused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List-only one cause on a chiline. Physiclan /Medical Immediata Cause (Finel disaasa or condition rasulting in daath) PNEUMONIA. Examiner Due to (or es a consequence of) SEPSIS. Saquentially list conditions, if any, laading to immadieta ceusa. Entar Undarlying Causa (Diseese or Injury that initiated avents rasulting In death) Last Dua to (or as a consequence of): DECUBITUS ULCERS, Physician/Medical Box 6876 Dua to (or as a consequence of): SEIZURE DISORDER Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? P.O.

1 Yes 2₽No 3 Probably 4 Unknown DENENTIA. þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy parformad? Completed 1 Yas 2 No 1 Yes 2 No 25. Wes casa rafarred to medical axaminer? 26. Placa of Death (Check only ona) Hospitai: → Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 28e. Dete of Injury (Month, Day Year) 28b. Tima of Injury 27. Mennar of Deeth Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred 1- Netural 5 Panding 1 ☐ Yas 2 ☐ No Investigation 2 Accidant 6 Could not be datarmined 3 Sulcida 28e. Plece of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide

1 Certifying Phyalcien: To the best of my knowladge, death occurred at the time, date end plece, and dua to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred et the time, deta and place, and dua to the ceuse(s) and mannar stated. 29a. Cartifian 29b. Signature and fille of certifier

un Davidson Gandall

29d. Data signed (Month, Day, Yaar) 29c. Licansa number P-11389 MARCH 28, 1998.

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

ZOGHBI, 6935 DONACHIE Rd APP G. BALTIMORE NO 21239 31. Data filed (Month, Day, Year) MAR 3 0 1998 32. Registrar's Signatura

State Registrar

Medicai

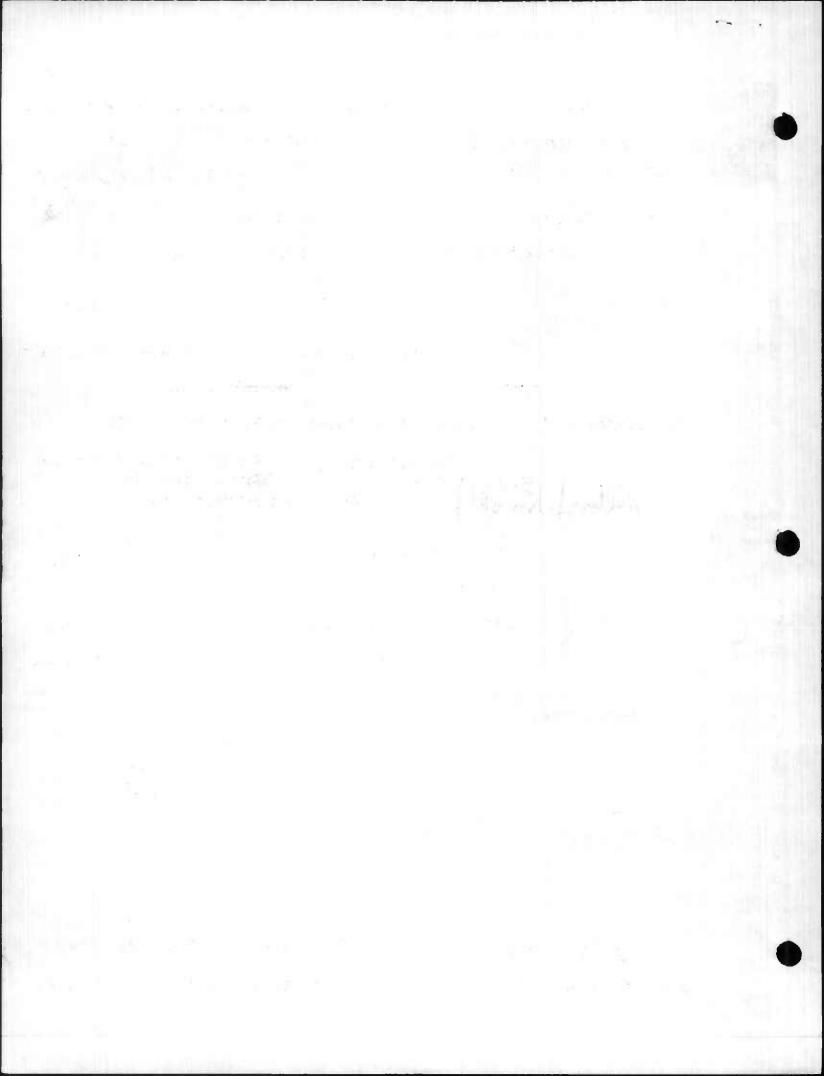
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I or Attending Physician: after death. Director: After this cartific

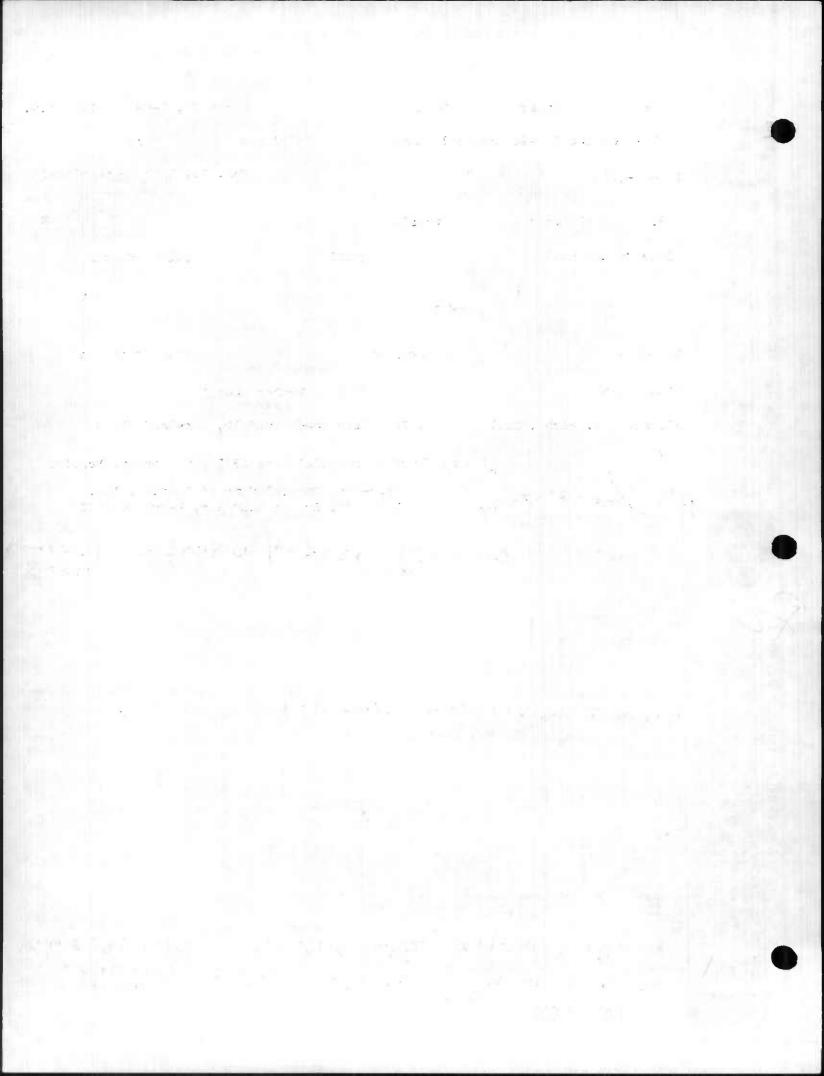
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To the within 2



State of Maryland / Department of Health and Mental Hygiene Q

		, , , , , , , , , , , , , , , , , , ,	C	ertificate of		R	eg. No.	09/36				
Ohusisian	1. Decedent's Name (First, Middle, Li	ast)	2. Date of Deal Month	h Day	3. Time of Death							
Physician /Medical	James He	enry	High			March 26		8:00 p.m.				
Examiner	4a Facility Name (If not institution, git				4b. City, Town, or L	ocation of Death	4c. County	of Death				
	Johns Hopkins Ba	ayview Medica	al Cent	er	Baltimor	e	N/2	A				
Funeral Director		Sex 7. Age (In 1)	yrs. last birthd Yrs	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day) Feb. 12	Year) 1917	9. Birthplace (State or Foreign Country) Pennsylvania				
and and	10a. State 10b. County	100			10d. Inside City Limits							
Mary Fish	Md. Baltimo	Dundal	k		1 ☐ Yes 2 ☐ No							
vith the Mar or 28a-f si or notified	10e. Street and Number		1	Og. Citizen of W	/hat Country?							
3a or	3219 Vulcan Road	3		21222		1	United States					
5-0020 72 hours after death with the Maryland natural; or Items 23s or 28s-f show are Item 13s or 28s-f show are Item 15s or 28s-f show are Item 15s or 28s-f show are Item 15s or 25s-f 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: ₩W		13. Was Decedent of H If Yes, specify Cube 1 Yes X No	ecify Yes or No- Rican, etc.)		American Indien, k, White, etc. White						
2 hou	15. Decedent's E	ducation	16a De	ecedent's Usual Occup	pation		16b. Kind of Bu	siness/Industry				
2121 within iene. then "	(Specify only highest gr Elementery/Secondery (0-12) 12 years	College (1-4or 5+)	110,000	ive kind of work done 'e. DO NOT use retired hanic	ind of work done during most of working O NOT use retired) NIC			ctation				
ind 2 be filled tal Hygi d other event, I	17. Fether's Name (First, Middle, Las	1)			18. Mother's Nam	r's Name (First, Middle, Maiden Surname)						
ylan buld be Mental erked o etic ev	Lloyd High				Esther	Nugent						
THE STATE OF THE S	19a. Informant's Name/Relationship	(Type, Print)	19b. M	failing Address (Street		ral Route Number, City or Town, Stete, Zip Code)						
	Elizabeth M. High	n (Wife)	321	9 Vulcan R	oad Dund	dalk, Maryland 21222						
- 10 m 40 U	20e. Method of Disposition	2	Ob. Place of Di	isposition (Name of crematory or other place		Date 20c. Location - City or Town, State						
Pages nant of nt: If its	Burial 2 Cremation 3 C											
in production	4 Donetion 5 Other (Specify) Meadowridge Memorial Park 03/30/98 Dorsey, Maryland 21. Signature of Fysheral Septice Licenses 22. Name and Address of Facility											
Ba Deparation of the same of t	1 halm	7581		Duda-Ruck	Funeral H	ome of I	Dundalk	Inc.				
Physician	23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death											
/Medical Examiner	Immediate Cause (Final disease or condition a COTONTSY NOTESY DISEASE FEW AND ASTERNAL FOR ASTERNAL FOR ASTERNAL											
Examinion	resulting in death)		to (or es e 60					Superus				
Examir Examir	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of):											
ox 68760, certificate be so mining physician use as the burns of the formal transfer of the	that initiated events resulting in death) Last	CDue	to (or es e con	sequence of):								
. Box death cert e attendin od for use siclan/N												
P.O. BOX that the death cer ed by the attendin defisched for use Physician/A	Part II. Other significant conditions Chyonic Gb				es 2□No	atribute to the causa of death? 3 Probably 4 Unknown						
dS,		220	erse			040 14400		24b. Were autopsy findings				
The law requires the law requires the law seen signe page 2 should be d						performed?		available prior to completion of cause of death?				
The The Com						1 🗆 Y	es 2 No	1 ☐ Yes 2 ☐ No				
Vital I	25. Was case referred to medical examiner?				26. Place of Dea	th (Check only or	ne)					
Physic This carsi dire	1 ☐ Yes 2 ☐ No	Hospital:										
	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day Yea	ar) 28b. Tim inju	ry Wo	ry at rk? Yes 2 □ No	28d. Describe h	ow Injury occurr	ed				
Division coppus or Attending Phours after death. unersi Director: After ity filled in by the funerity filled in by the funerical Certification:	3 Suicide 6 Could not to determined			281. Location (Street and Number or Rural Route Number, City or Town, State)								
n 24 hospital n 24 hours he Funeral pletely filled edical Co	29e. Certifier 1 Certifying Pl (Check only one) 2 Medical Exa	hysician: To the best of my miner: On the besis of exe and manner stated.	knowledge, d mination end/o	eath occurred at the til or investigation, in my o	me, dete and piece, opinion, deeth occur	end due to the c red at the time, d	ause(s) and ma ate and plece, a	nner as stated. and due to the ceuse(s)				
M M	29b. Signature and title of certifier	Α	1	29c. Licens				(Month, Day, Year)				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) THY NT C MINR. M 3188 Yman park or 312121											
141	30. Name and address of person who		(Item 23a) (Ty	rpe, Print)	0	1. 0~	BAL	Dimore				
10.1	JAYANT R	MINRIN	- 3	los wym	La Ly	~ ,	M	22121				
State	31. Date filed (Month, Day, Year)	92. Re listar's	Davidson -	Mandell.								



State of Maryland / Department of Health and Mental Hygiene Q

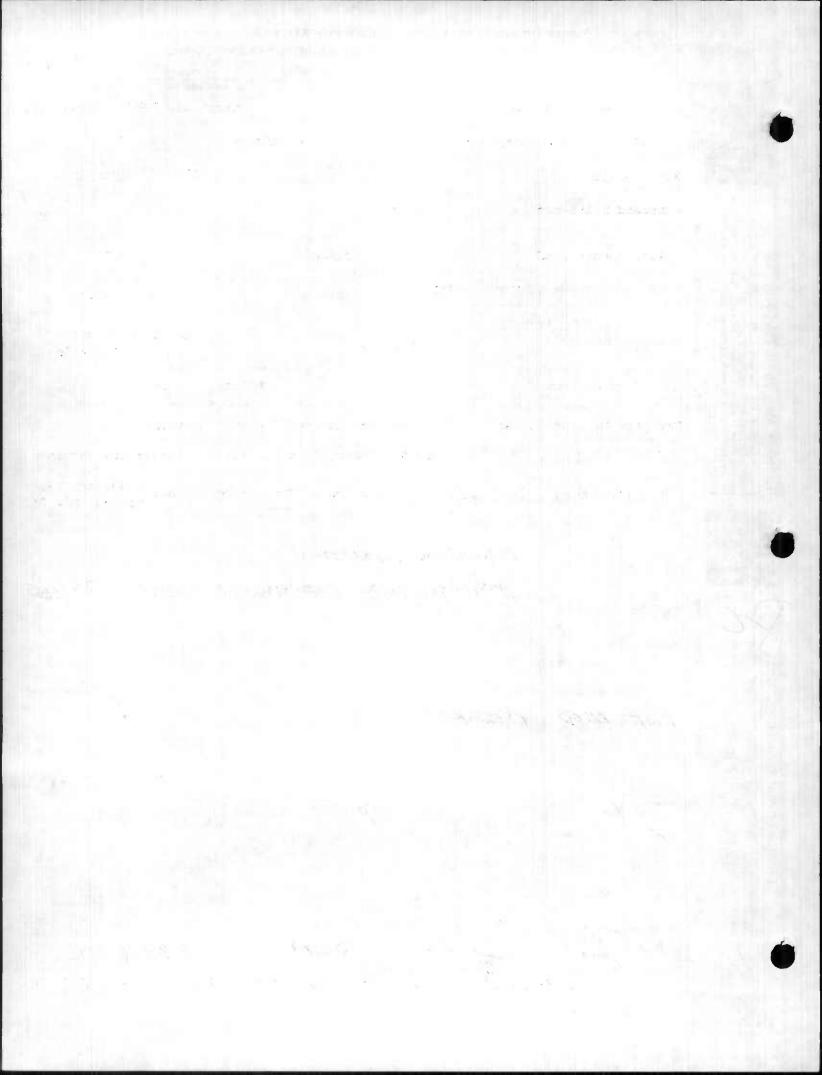
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** George O. Hunt March 25, 1998 4:08 P.M. /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not Institution, giva straat and number) Examiner Good Samaritan Hospital Baltimore If Undar 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1₩ 2□ F Months Deys Hours Min Yrs. **Director** 216-09-1120 Maryland Usual Residence of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside Ctty Limits d 2 should be filed within 72 hours after death with the Marylan and Menlal Hyglene.
7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinor must be notified as traumatic event, the Medical Examinor must be notified as Maryland Baltimore Towson 1 ☐ Yas 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1652 Yakona Road 21286 U.S.A. Funeral 14. Race - American Indian, Btack, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispantc Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 1 ∑ Yes 2 □ NNW]] If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b Kind of Business/Industry Baltimore County Elementary/Secondary (0-12) College (1-4or 5+) Painter Board Of Education 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Nama (First, Middle, Last) Be Oliver O. Hunt Alice UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Meiting Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If item 27 is m any injury or other traum page. Mrs Myra O. Hunt (Wife) 1652 Yakona Road, Towson, Maryland 21286 20b. Placa of Disposition (Nama of cemetery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State Buriai 2 Cramation 3 Ramoval from State Moreland Memorial Park 3-28-98 Parkville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Walkace S. Brooks In Ruck Towson Funeral Home, In Standard Ruck Towson 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 Approximate Interval Between Onset end Death **Physician** MYOCAPDIAR INFARCTION /Medical Immediate Cause (Final disease or condition resulting in death) Examiner EROSCIEROTIC CARTIONASCHLAR DISEASE Sequantially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury that is litered as each edical that initieted events resulting in death) Last Due to (or es a consequence of): 20 Physician/M 887 Part ft. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown B 1 Yes 2 No Division of Vital Records, p 24b. Were autopsy findings aveilable prior to 24a. Was an autopsy performed? Completed completion of cause of deeth? page 2: certificate has 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Be 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA To After this 27. Manner of Death 28a. Data of Injury (Month, Day Year) funsetal 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: Attending 5 Pending s after death. 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 28e. Piace of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 ☐ Homictde 8 Hospital 24 hours Funeral Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) within 2 4 29b. Signatura and interology lies 29c. License number 29d. Date signed (Month, Day, Year) MARCH 26, 1998 30. Name end address of person who completed cause of death (ttem 23a) (Type, Print) Michael J. Mininsohn, M.D. 8813 Waltham Woods Road, Baltimore, Maryland 21234

Registrar

31. Date filed (Month, Day, Year) MAR 3 0 1998

32 Registrer's Signature File Davidson-Randall

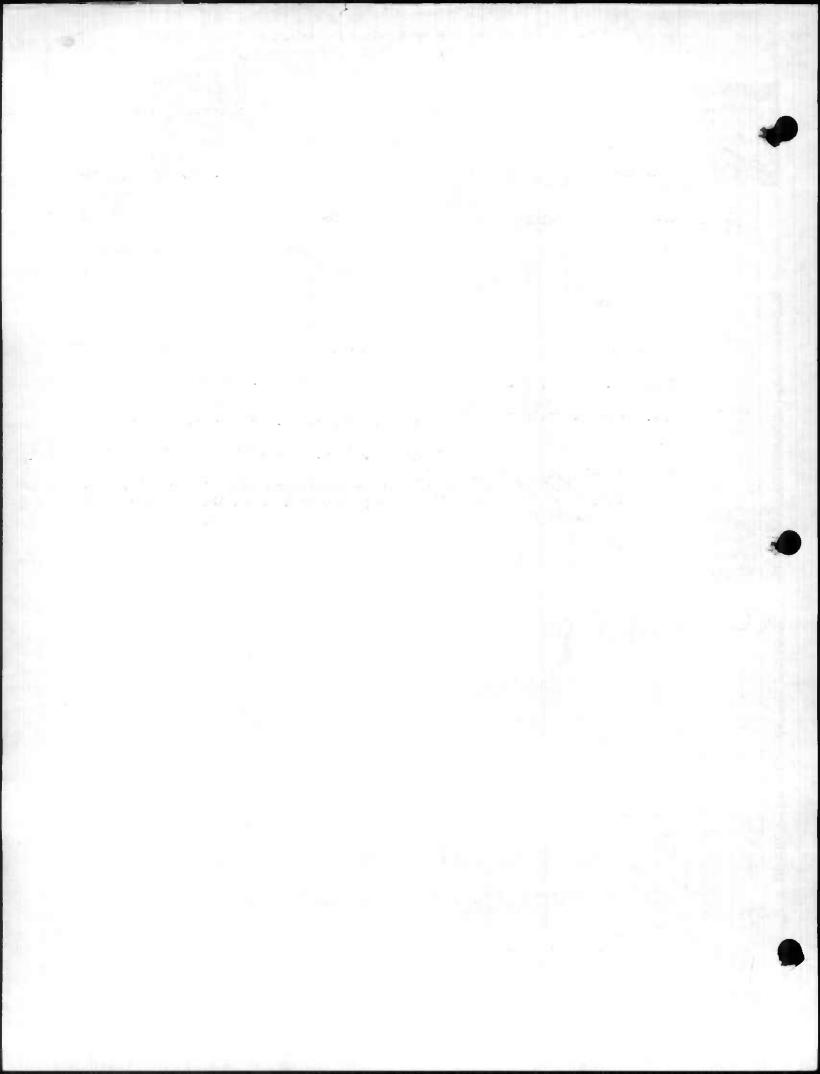


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Day Month **Physician** Yaar Albert Hudson March 25 7:21 AH /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Baltimore Johns Hopkins Bayviel Medical Center 5. Social Sacurity Numbar 7. Aga (In yrs. last birthday) If Under 1 Yaar It Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) Dec. 21,1939 Birthplaca (Stata or Foreign Country) 6. Sax **Funeral** Days 1⊠M 2□ F Months Hours Min 58 Yrs. Director 220-36-7268 Maryland Usual Rasidance of Dacedent with the Maryland 10a Stata 10b. County 23a or 28a-f show 10c. City. Town or Location 10d. Inside City Limits the Medical Examiner must be notified at 1 Yas 2 No Director Edgemere Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? United States 21219 3231 Grace Road Funeral death Hems ; 12. Was Dacedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian Bleck, Whita, atc. Peges 1 and 2 should be filed within 72 hours effer 1 Navar Marriad 2 Married ☐ Yas 2 🛣 No I Yas, Giva altimore, Maryland 21215-0020 'natural', or 1 ☐ Yas 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☑ Rivorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) Steel Industry Stee 1worker 12 Years 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be Health and Mental Rosa J. Ahern Is marked Albert R. Hudson, Sr. 2 19a. Informant's Name/Relationship (Type, Print) Daughter 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Tammy E. Kellner Item 27 I Pasadena, MD 8180 Hazy Dawn Ct. 20b. Place of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete permit. Peges 1
Department of H
Important: if ite
any injury or ot cematary, crematory or othar place) 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 3/28/1998 Bel Air, Maryland Bel Air Mem. Gdns. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funeral Service Ligen 22. Name end Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. PertT. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiretory errest, shock, or heart tailure. List only one ceuse on each light. Approximata ntarval Batween Onset and Deeth Physician /Medical Immediata Causa (Final a. Myocardial 30 minutes diseasa or condition rasulting in daath) Infarction **Examiner** Dua to (or as a consequanca of): Examiner Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disease or Injury that initiated avants resulting in daath) Last Due to (or as a consequence of): Box 68760, The law requires that the death certificatives Physician/Medical Dua to (or as a consequence of): ettending for use as P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, þ should 24b. Wara autopsy tindings availebla prior to complation of cause of daath? Completed 24a. Was an autopsy page 2 s 16 Yas 2 No 1 ☐ Yas 2 No certificate Division of Vital Attending Physician: director. Be 25. Was casa rafarred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Reaidance 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of After 5 Panding 1 Natural death. 1 ☐ Yas 2 ☐ No invastigation Director: A d in by the f 2 Accidant 6 Could not be determined 3 Sulcida 28e. Place of Injury - At home, tarm, straat, tactory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide Hospital or within 24 hours at To the Funeral D completely filled 15 Cartifying Phyalcian: To the best of my knowladga, death occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated.

2 Madical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at tha tima, data and place, and due to the causa(s) and manner stated. Medical 29a, Cartifian (Check only one) 943 29b. Signature end title of certifian 29c. License number 29d. Dete signed (Month, Day, Yaar) March 26, 1998 Res- 000 30. Nama and addrass of person who completed cause of daath (ttam 23a) (Typa, Print) M Lesniak, JHBHC. H.D. 4940 Eastern Ave Baltimore Hd 21224 32. Registrar's Synature 31. Date tiled (Month, Day, Year) State MAR 3 0 1998 Registrar

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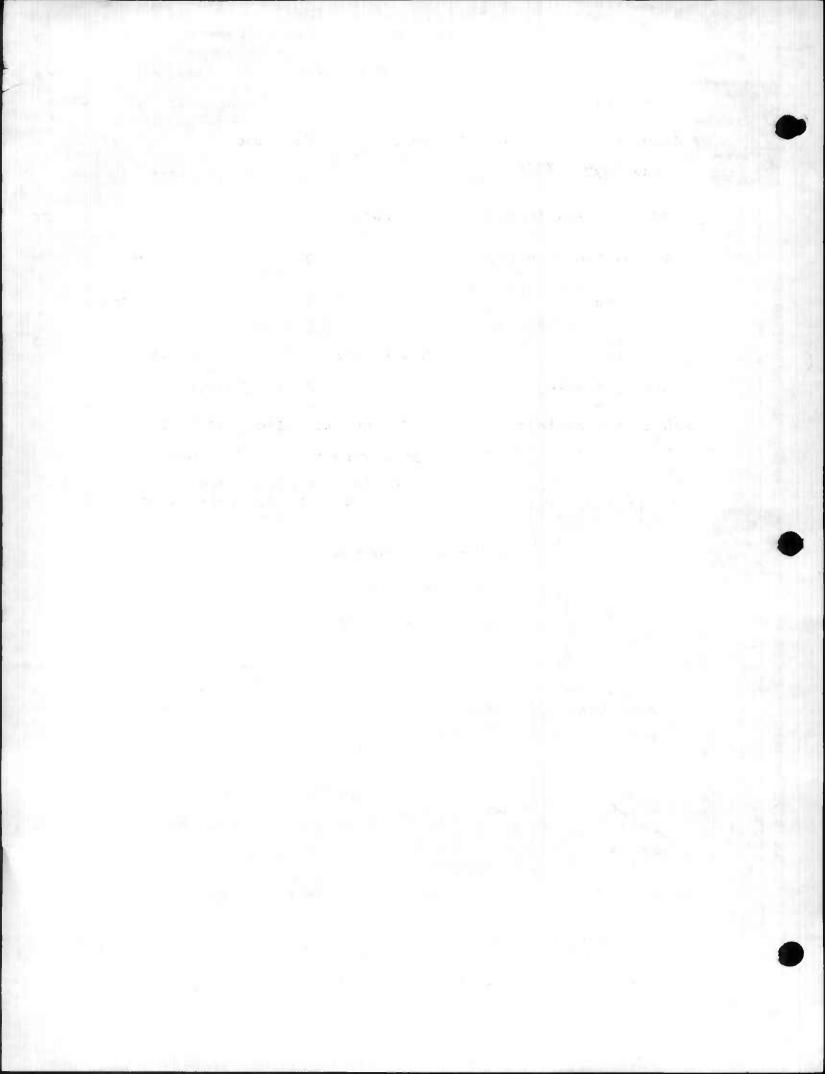


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month MILTON HICKS 405am /Medical 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner John Hopkins Bayview Hospital Baltimore n/a If Under 24 Hrs. 8. Dele of Birth (Month, Dey, Yeer) 7. Age (In yrs. last birthday) If Under 1 Yaar 5. Sociel Security Number Birthplaca (Stata or Foreign Country) **Funeral** Days Monfhs XXM 2 F Yrs. 219-32-6597 62 Director Feb.13,1936 MD Usual Residence of Decedant 10a Stete 10b. County 10c. Cify, Town or Location 10d. Inside City Limits 28a-f show rel', or items 23a or 28a-f shor Examiner must be notified at MD **Baltimore** Director Dunda1k 1 ☐ Yes 2 X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a 643 N. Avondale Rd. 21222 death Funeral Usa 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercipes once. 1 Mes 2 No If Yes, Give Yeer or Datas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black by 3 Widowed 4 KD vorcad Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11th Stock clerk K-Mart 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 8 Luther Clayton 2 Annie Flowers 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Annie Hicks/mother 308 Pine St. BAlto., MD 21222 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, State DEScurie 2 Cremetion 3 Removel from Stete Garrison Forest 4/3 Owings Mills, MD 4 ☐ Donetion 5 ☐ Other (Specify) re of Funerel Service Licensee 22 Name end Address of Fecility

James A. Morton & sons Funeral Home 23a. Pent/Enter the disease, or complications that ceased the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, shoot, heart failure. List only one ceuse on each line. 1701 Laurens St. Balto., Md Approximete Interval Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel Polymicrobial peritonitis diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner Perforated viscus that the death certificate he executed Sequentielly list conditions, if eny, leading to Immediete causa. Enter Underlying Ceuse (Diseese or Injury thet Initiated events resulting in deeth) Last Due fo (or es e consequence of): ulcer disease Box 68760, Physician/Medical Due to (or as a consequence of): signed by the e Pert II. Other eignificant conditions contributing to deeth but not resulting in the undarlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? Poor Nutritional Status 1 Yes 21 No 3 Probably 4 Unknown Records, þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attanding Physician: 24 hours efter death. Funers! Director: After this certifica stely filled in by the funeral director, i Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 WNaturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could nof be determined 28e. Pleca of Injury - At home, farm, street, facfory, office building, etc. (Spacify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 4 Homicide within 24 hours e To the Funers! D completely filled 1 Certifying Physician: To tha best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medicat Exeminer: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et the time, date and plece, end due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) ş 29b. Signature end title of certifier 29c. License number 29d. Date signad (Month, Day, Year) J. Oruda 3 th 97010 march 29, 1992 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 4940 Eastern Avenue, Baltimore, MD 2/224 J. Chendra. 32. Religious Signature Pandelle 31. Date filed (Month, Dey, Year) State MAR 3 0 1998 Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time U Death Month 04:24 Elizabeth A. Harmon March 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Balti AGNES 403 10 MOSE If Under 1 Year If Under 24 Hrs. 5 Sociel Security Number 7. Age (In vis. last birthday) Birthplace (State or Foreign Country) 1□ M 2 F 81 217-16-9243 Maryland Usual Residence of Decedent 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits Maryland Baltimore Baltimore 1 ☐ Yes 2 No 10e. Sfreef end Number 10f. Zip Code 10g. Citizen of What Country? United States 21207 1205 Newfield Road 12. Wes Decedenf Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Specity: White 3 ☐ Widowed 4 ᡮ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Manicurist Hote1 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Mary Rose Emerson George Edward Andrew 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 306 Glenrae Drive, Catonsville, MD Michael Andrew / Nephew 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4/1/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 21. Signature of Funeral Service Lig 22. Name end Address of Fecility Loudon Park Funeral Home Sec 3620 Wilkens Ave., Baltimore, MD 23a. Part1. Enfer the disease, or complications that caused the death. Do not enfer the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset end Death Immediate Ceuse (Final disease or condition resulting in death) Quecerisu Due to (or as a consequence of) Due to (or es a consequenca of) 23b. Did tobacco use contribute to the cause of death? tension, Chronic obstructive 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of deefh? 24a. Was an eutopsy performed?

Physician /Medical Examiner

signed by it

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Director:

To the Hospital
within 24 hours a
To the Funeral C the Hospital

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Certification: To

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Department of Health ar important: If item 27 is eny injury or other trau

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7 is marked other than "naturel", or Itema 23a or 28a-f show traumatic event, the Madical Examiner must be nothed at

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be filed within nent of Health and Mental Hygiena. int: If item 27 is marked other than '

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lasf Physician/Medical

Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part f.

Chronic Renal failure 25. Was case referred to medical exeminer?

1 Yes 2 No 28. Piece of Death (Check only one) 1 Inpatient 2 ER/Outpatienf 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Yes 2 No 27. Menger of Death

28a. Date of Injury (Month, Dey Year)

28b. Time of 28c. Injury at

28d. Describe how injury occurred

frence Boltimore, MD21229

1 Naturel 2 Accident 3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1 Yes 2 No 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated.

29b. Signeture and fitte of certifier AKBAROW

29c. License number

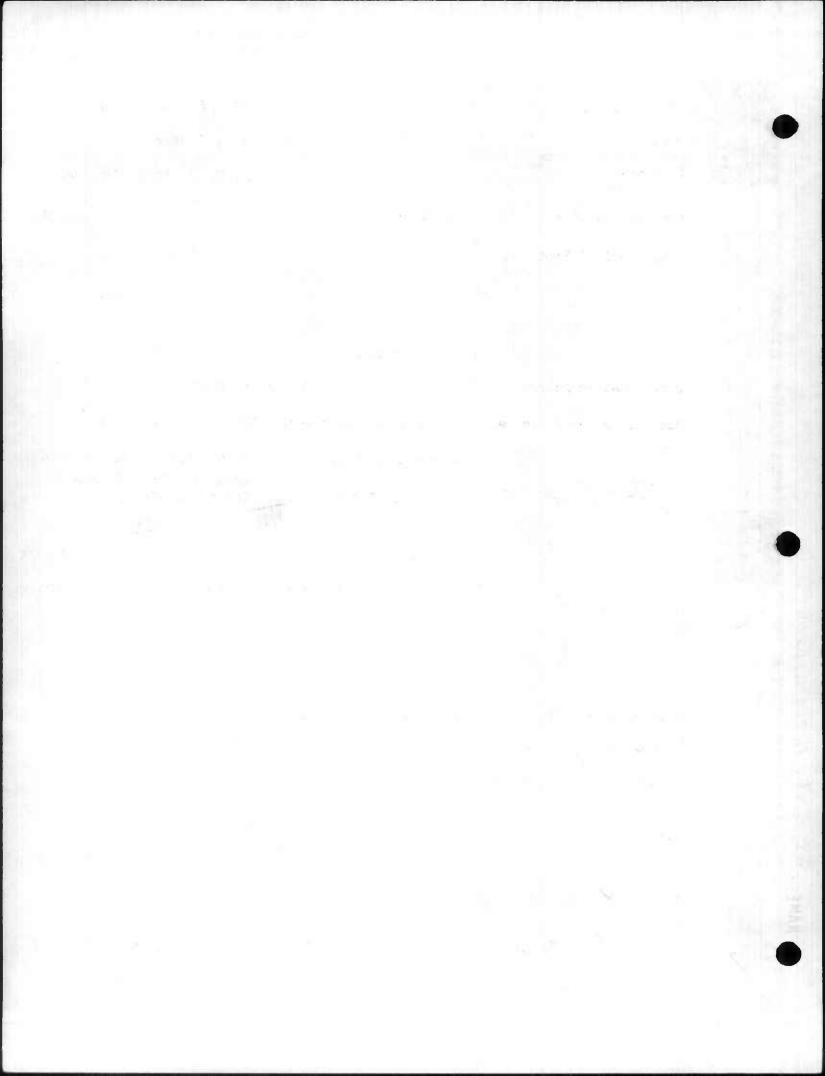
29d. Date signed (Month, Day, Year)

State

31. Date filed (Month, Day, Year) MAR 3 0 1998

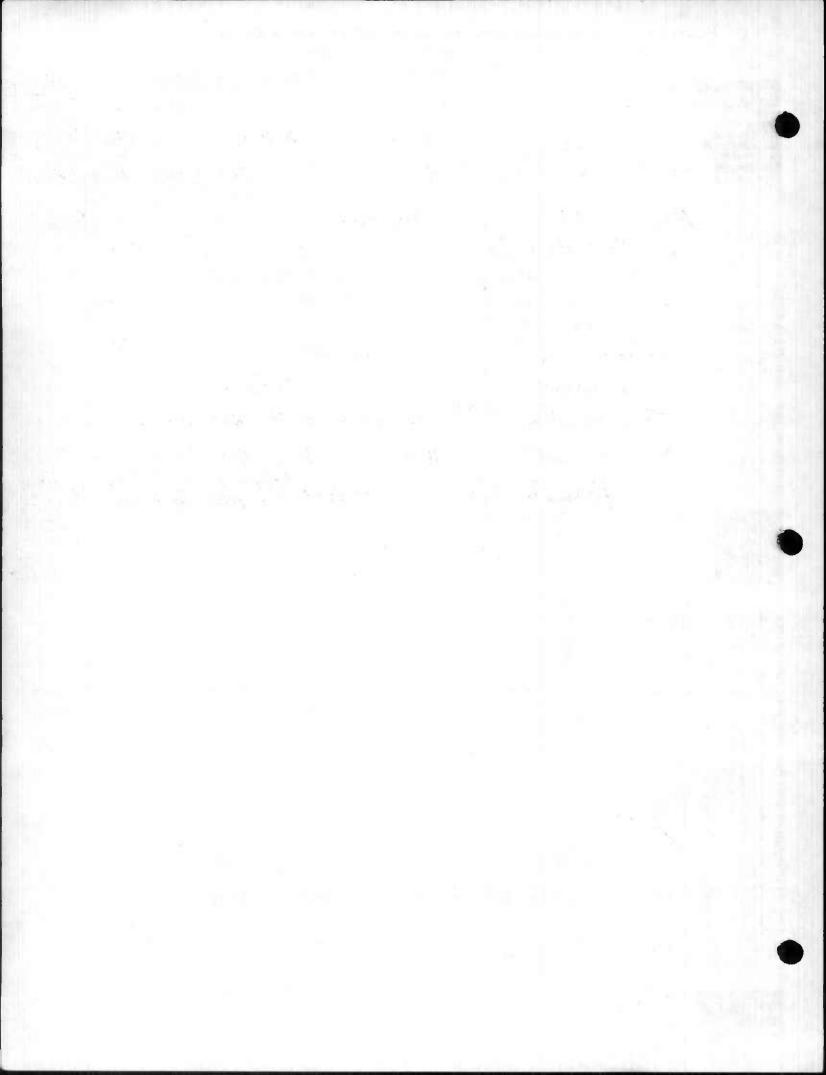
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Registrar



State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March **Physician** 40 NE 10 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** maryland General tospital Baltimore 8. Date of Birth (Month, Day, Year) If Under 24 Hrs. Hours Min. 5. Sociei Security Number If Under 1 Year 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 229-40-4860 15M 20 F Yrs. **Director** Usuel Residence of Decedant 10a. State 10b. County 10c. City, Town or Location Nem 27 is marked other than "natural", or hems 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at 10d. inside City Limits 1 Nes 2 No Director N TIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21217 Street USA ENNOX 12. Wes Decedent Ever in U.S. Armed Ferces? 1 Yes 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Plac Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Depertment of Health end Mental Hygiene. Important: If Item 27 is marked other then any Injury or other traumetin. Elementary/Secondary (0-12) Collage (1-4or 5+) stodian IIth NA 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumeme) Be Douther charles JONES MIQE 2 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Royal ADE #507 ANGELa JONES - WITE Dalto md 21217 MT. 1600 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Deurial 2 Cremation 3 Removal from State Balto 3.31.98 4 ☐ Donation 5 ☐ Other (Specify) 210 N CEMETERY 22. Name end Address of Facility 21. Signature of Funeral Service Licensee Home West, INC ERa1 R Harris Aue. Ba 4300 Wabash 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haar billura. List only one causa on aach lina. Physician irrhosis with varices /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner heroscleratic Cardiovascular physician and as the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants resulting in death) Last P.O. Box 68760. ardiomega Physician/Medicai Due to (of as e con Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed d be del Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed page 2 1 12 Yes 2□ No 1 Yas 2 No this certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director; t Be 25. Was casa rafarred to medical axaminar? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residanca 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpetient 2 ER/Outpatient 3 DOA 27. Manner of Daath 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 4 Homicida 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical 29a. Certifier (Check only one)

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated.

29c. License number

Makyland Greneral

29d. Date signed (Month, Dey, Yeer)

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State

29b. Signature and the of certifier

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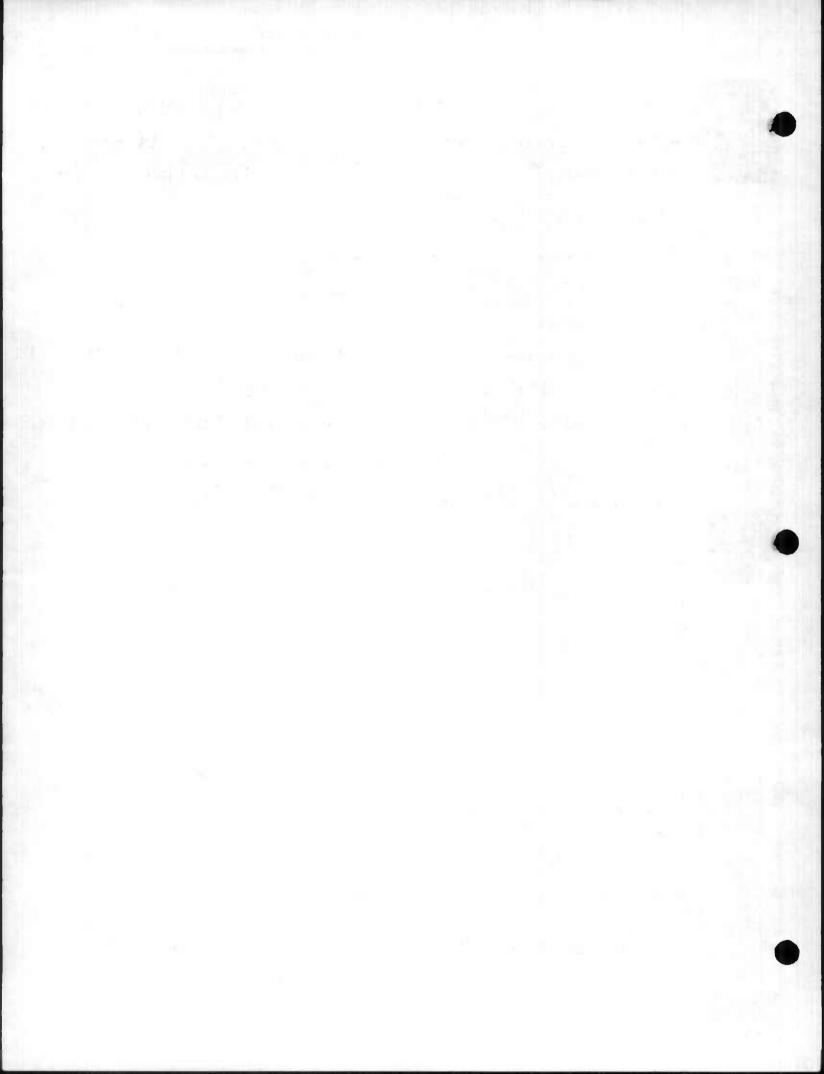
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40 32. Replant Signary Dandars

30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

Sarante

31. Date filed (Month, Day, Year) MAR 3 0 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Month 1998 MARCH 25, 10:55 AM **ELMORE** JOHNSON 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Days XX M 2 F Months Hours 82 Yrs. 218-10-6464 09-20-15 VA Usuel Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits XYes 2□No MD. NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1321 N. Ensor Street 21202 USA Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Was Decedent Ever in U,S. Armed Forces? Black, White, etc. 1 Ves 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 Ves 2K No Specify: Specify: Black ¥ Widowed 4 □ Divorced 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) (Giva kind of work dona during most of working lifa. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) in & out of Home Home improvement 8th Grade NA 18. Mother's Name (First, Middla, Maldan Surneme) 17. Father's Name (First, Middla, Last) Celia Hatcher John Johnson 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21202 19a. Informant's Name/Relationship (Type, Print) Maurice 1321 N. Ensor Street Baltimore, Maryland Johnson 20e. Method of Disposition X Burial 2 □ Cremation 3 □ Removal from State 20b. Place of Disposition (Nama of cemetary, cramatory or othar place) Date 20c. Location - City or Town, State Md Garrison Forest VA Cem. 03-31-98 Owings Mills, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) espirator Due to (or as a con-Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy performed? 1 Yes 2 No 1□ Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

ral", or items 23a or 28a-f show Examiner rount be notified at

permit. Pages 1 and 2 should be filed within 72 hours after deeth v
Department of Health end Mental Hygiena. Insportant: if flem 27 is marked other than "natural", or itema 29a
ange, injury or other traumatic avent, the Medical Exercises 2000a.

Director

Funeral

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Completed

Be

To

with the Maryland

Examiner physician sthe burial Physician/Medicai ed by the a signed by t by Completed peeu hes page 2 Be

certificate this

The law requires that the death certificate be executed Records, P.O. Box 68760. Division of Vital Physician: After t or Attanding in 24 hours etter con-the Funeral Director: Afti-maintain filled in by tha fur Hospital To the Vithin 2

2

Certification:

Medical

27. Ma

State Registrar

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end plece, and due to the ceuse(s) 29a. Certifier (Check only one) 29b. Signature and title of perint

5 Pending investigation

6 Could not be

1 Inpatient

28a. Date of Injury (Month, Day Year)

29c. License number D50508

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

2 ER/Outpatient 3 DOA

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29d. Date signed (Month, Day, Year) March 25, 1998

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

30. Name and accress of person who completed ceuse of deeth (item 23e) (Type, Print) 600 North WOLFE

Baltimore, MD 21287

26. Place of Death (Check only ona)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

28d. Describe how injury occurred

31. Date filed (Month, Day, Yaar)

25. Was cese referred to medical examiner?
1 □ Yes 2 □ No

oner of Deeth

1 Naturai 2 Accident

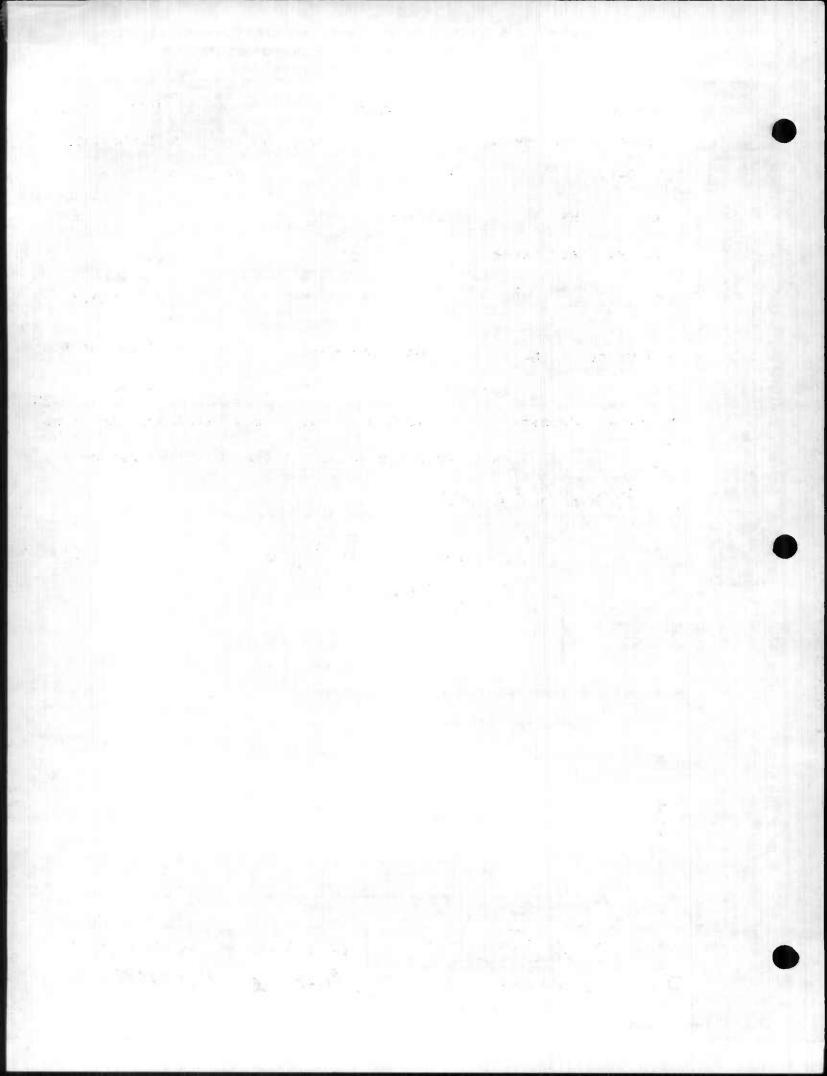
3 Suicide

4 Homicide

3 0 1998

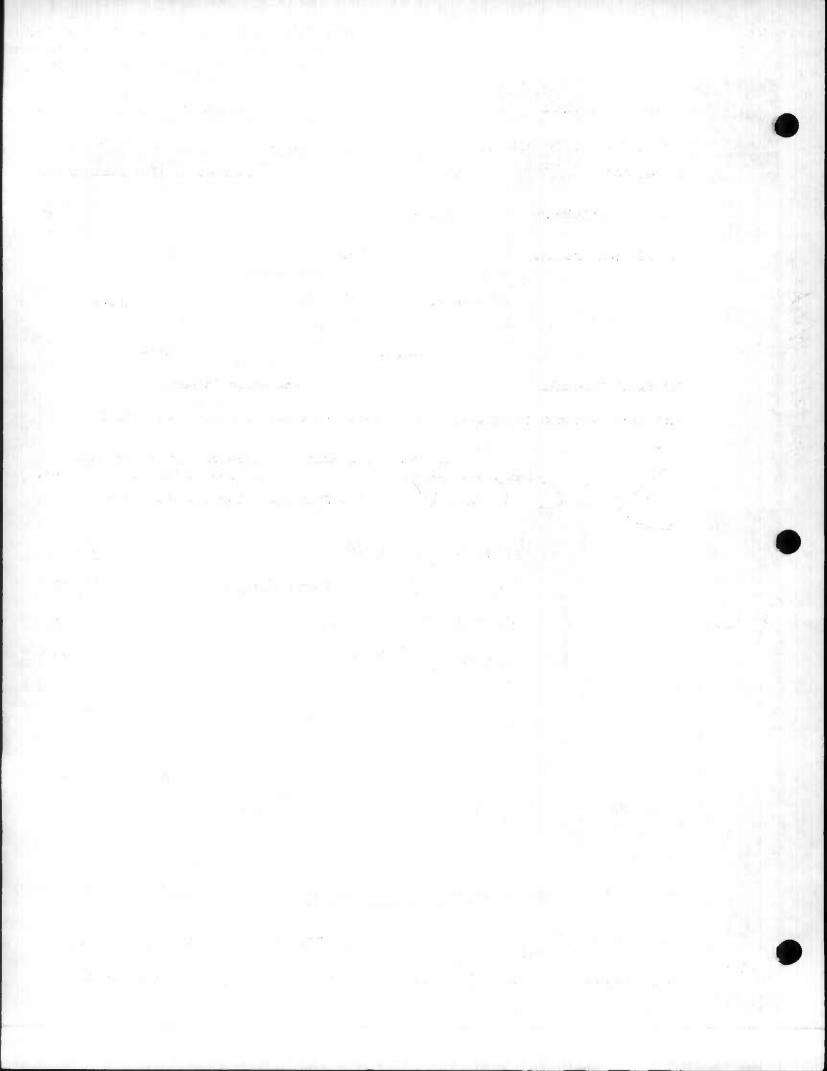
32. Registrar's Signature Julia Davidson-Randall

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 8

					Certific	cate of	f Death		Reg. No.	09	144	
	1. Deceder	nt's Neme (First, Middle, La	st)	2. Date of De	eeth		Time of Death					
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Medical xaminer	4a. Facility	998 (1:40 AM									
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	Usual Residence of Decedent										CLIUM	
Examiner must be notified at by Funeral Director	10a. Stete	10b. County		wn or Location)				10d. lr	nside City Limits		
0	MD	Baltimo					1	☐ Yes 2 No				
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a a	1163	30 Glen Arm R				1057			USA			
Funeral	11. Maritai		12. Was Decedent Armed Forces?		13. Was D	specify Cu	Hispanic Orlgin? (S ban, Mexicen, Puer	Specify Yes or No rto Rican, etc.)	D- 14. Hed Blad	ce - Americen In ck, White, etc.	dian,	
by F		ver Merried 2 Married	1 X Yes 2 ☐ f If Yes, Give		1 □ Ye	es 2 🖾 No	o Specify:		Specify	V: 1 .		
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2		lrich Kloetzl	i				Anna M	Maria Ha'berli				
		nant's Name/Relationship (Type, Print)		_		et and Number or R		er, City or Town,	State, Zip Cod	e)	
	Margu	erite Jackso	n (daughte	er) 4	201 Gre	een G	lade Rd.	Phoenix	x, MD.	21131		
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1		an C	_ (0	mal	V	1050	York Rd.	Towson	n, MD.	21204		
	23a, Part1 shock	. Ent the disease, or complete the disease, or	olications that ceused	the death. Do	o not enter the	mode of dy	ying, such as cerdla	c or respiratory a	arrest,	App	roximate rval Between	
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B	resulting In	death) Last	1		A 1		Des			2	OUKS.	
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Physician/	David Di		- A - Ch A - C - C - C - C - C - C - C - C - C				1 - 21		A-A			
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S	1 Nat		(Month, De)	y Year)	Injury M		ork? □ Yes 2 □ No					
flea	3 ☐ Su	icide 6 Could not be		ury - At home.	farm, street, fa	ctory, office	0	28f. Location	(Street end Numb	ber or Rural Rou	ute Number.	
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edical	29a. Certifi (Check	conly 2 Medical Exam	ysician: To the best of liner: On the basis of	examination a	ge, deeth occui and/or Investiga	rred et the tation, in my	time, date and plac opinion, death occ	e, and due to the urred at the time,	ceuse(s) and ma date and place,	anner as steted and due to the	cause(s)	
Med			and manner sta	ated.								
~	290. Signet	ture and title of certifier					nse number			ed (Month, Dey, Year)		
		Kita tabla	ND			D4	17707 te 203		March	26,19	18	
	30. Neme e	nd address of person who	completed cause of d			, .	,	0		-	,	
	RITA	PABLA MD	4545 N	. Chax	les S	+ 51	te 203	Bulton	oke Mi	0 212	64	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1 Decedent's Neme (First Middle Last) 2. Date of Death March 26, **Physician** 6:30 AM Wanda H. Korzeniewski /Medical 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth Examiner 2418 E. Baltimore Street Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 2 M F Yrs. May 6, Director 212-46-5991 74 Maryland Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show show 1 Yes 2 No Maryland Baltimore Directo N/A 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? d 2 should be filed within 72 hours after death with it hand Mentel Hygiene.
I he marked other than "hatural", or herms 23a or it traumatic event, the Medical Exertive Imagine. 21224 USA 2418 E. Baltimore Street Funeral 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedenl of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Rece - American Indian Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ White 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Tavern Tavern Owner 18. Mother's Neme (First, Middle, Maiden Surname, 17. Fether's Neme (First, Middle, Last) Nellie Kubinski Thomas Malenski 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) permit. Peges 1 and 2 sh Depertment of Health end Important: If Item 27 Is m eny injury or other traun pncs. 9402 Dawnvale Rd. Baltimore, Maryland 21236 Melva Stratemever / Sister 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from Stete 3/28/98 Baltimore, Maryland Holy Rosary Cemetery 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility David J. Weber Funeral Home 401 S. Chester Street Baltimore, Maryland 21231 ans 23a. Part1. Enter the disease, complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Let only one cause on each line. Approximete Intervel Between Onset end Deeth Physician YRS Immediate Ceuse (Final diseese or condition resulting in deeth) CONGESTIVE HEART FAILURE /Medicai Examiner Due to (or es e consequence of) MUSURGEIENRY 7 10 YRS Examiner MITTAL VALVE end the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): physicien e s the buriel-Box 68760 Physiclan/Medical Due to (or es e consequence of) 88 186 for signed by the a 23b. Did tobacco use contribute to the cause of death? P.O. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. ALTHERMINES 1 Yes 2 No 3 Probably 4 Unknown requires that Records, þ 24b. Were autopsy findings evalleble prior to FIBRILLATION should l 24e. Wes an autopsy performed? Completed completion of cause of deeth? hes page The 1 Yes 28 No certificate Division of Vital or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: After 1 Naturel 2 ☐ Accident 5 Pending 1 Yes 2 No death. Investigation within 24 hours efter death To the Funeral Director: , completely filled in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier edical (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 234080 MN 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

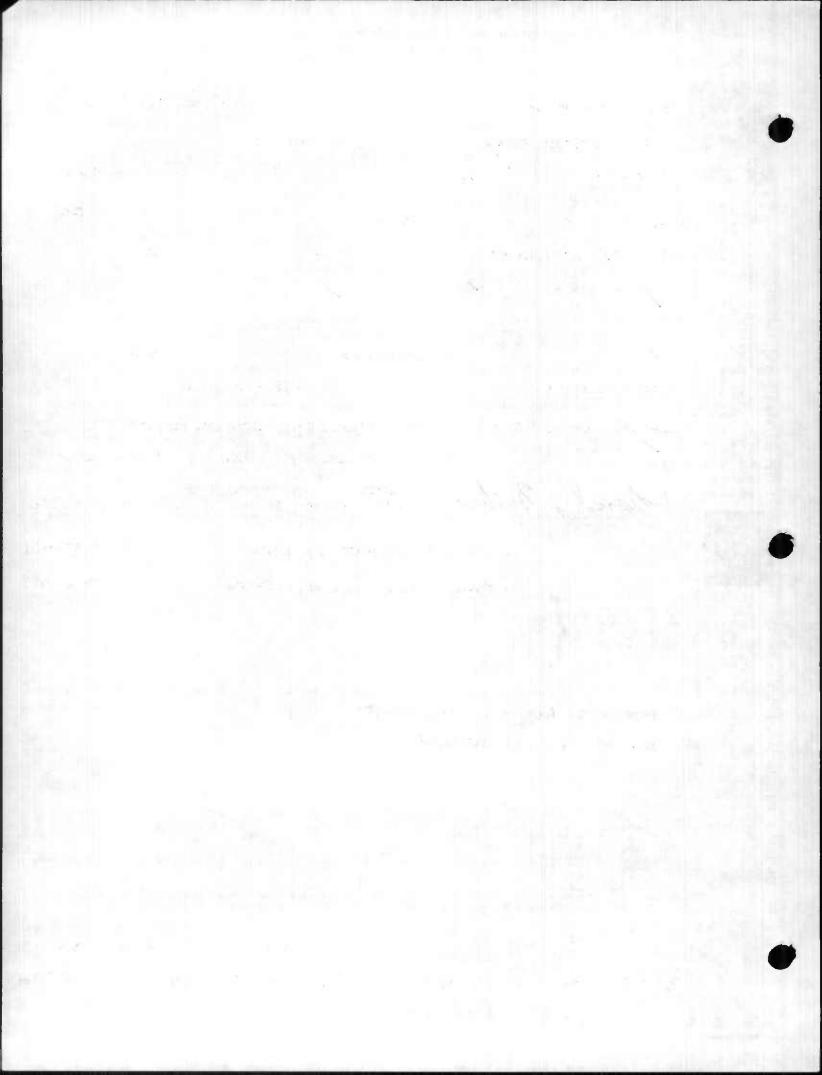
BAUCE CERF STOT HERKIN) BAYVIEW CR. BATTIMOLE NO 2124 HOPKINS 2202 BRUCE

State Registrar

31. Dete filed (Month, Day, Year)

MAR 3 0 1998

32 Pagistrer's Signeture Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) ight foot Month March Sarah E 1971 1:04 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth of Marylano n/a more nivertity If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) 1 M 2 TXPX 69 Yrs. 214-24-5640 Jan.2,1929 MD Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No Baltimore MD n/a 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 2306 Harlem Ave. 21216 USA 14. Race - American Indien. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Status Bleck, White, etc. 1 Yes XX No If Yes, Give Year or Dates: 1 Never Married 2 X Married 1 Yes 2 XXI Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratirad) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) Nurse Supervisor Health 17. Falher's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) unk. Gertrude Gray Harper 19a. informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Charles Lightfoot/husband 2303 Harlem Ave. Balto., MD Placa of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Muriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Memorial 4/1 Woodlawn, MD 22. Name and Address of Facility James A. Morton & Sons Funeral Home 21/Signiture of Funeral Service Licensee N 1701 Laurens St. Balto., 23a. Purt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, or heer failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Finel disease or condition resulting in death) matignant pleural carechana of luna Squamou Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of) Due to (or es e consequence of) 23b. Did tobacco use contributa to the causa of death? Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were eutopsy findings evailable prior to 24e. Wes an autopsy performed? completion of cause of death? 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 Tes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

The law requires that the death certificate be exp usa signed by the a should is cartificate has director, page 2 Physician: After this funeral or Attending

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

17 is marked other than "naturel", or items 23s or traumstic event, the Modical Examiner must be re-

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: if item 27 is merked other than "naturel, or items 23a any injury or other traumatic event, tha Medical Examins must bottle.

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

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Physician/Medical Examin

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Certification:

Medicai

with the Maryland

Division of Vital Records. P.O. Box 68760. hours after death. filled in by Hospital 24 hours completely

To the within 2

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Registrar

29b. Signeture end title of certifie

29c. License number

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Outtimore.

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner stated. 29d. Date signed (Month, Dev. Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

5. GRENE

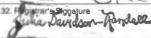
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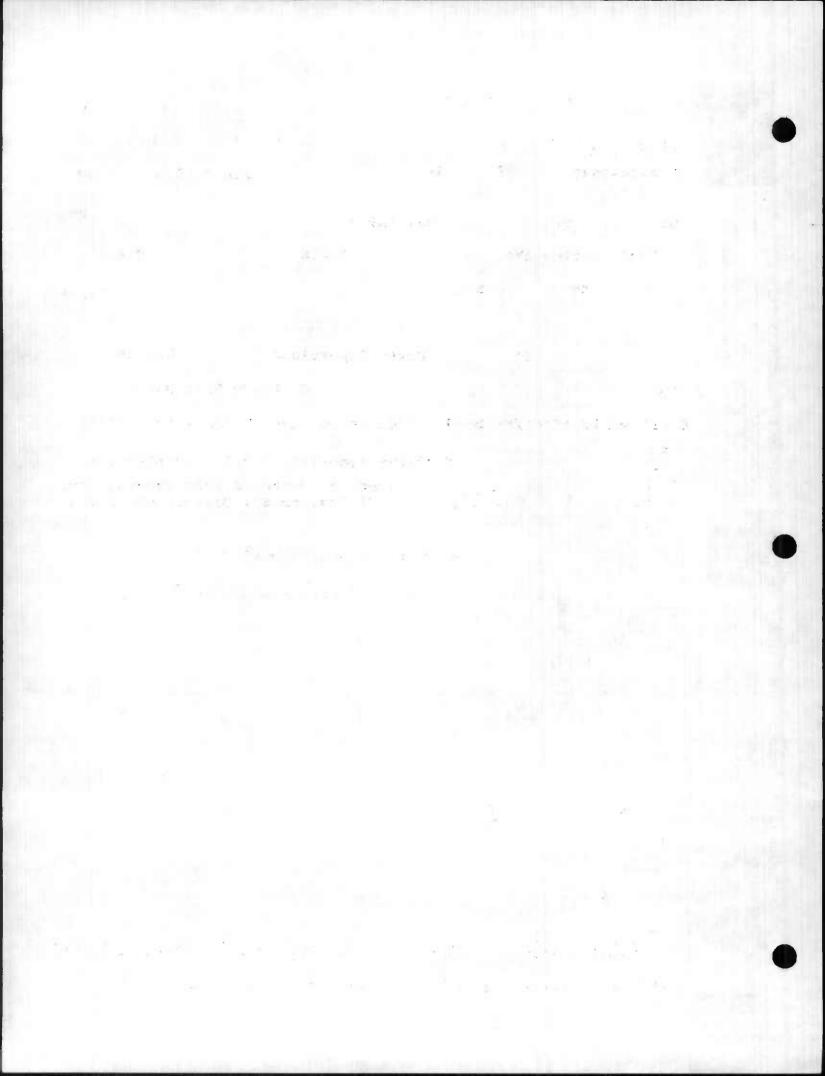
4 Homicide

(Check only one)

29e, Certifier

MAR 3 0 1998





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death 3. Time of Death 10 MARCH 4b. City, Town, or Location of Deeth 4a Fecility Name (If not institution, give street and number) 4c. County of Death N/A Baltimore Mercy Hospital 5. Social Security Number If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Pay, Year) Dec. 29, 1959 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Country) 12M 20F Months Days Hours 38 Yrs. Dec. a Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 1 PYes 2 No N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21202 USA 1827 N. Calvert Street 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Merried 1 Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11th Grade Self-Employed N/A 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Corrine Womack William Leach 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) 1827 N. Calvert Street, Baltimore, MD Bridgette Leach Scott (Sister) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from State 4 □ Donation 5 □ Other (Specify) Voshell Memorial Gardens 03/27/98 Dundalk, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Unity Funeral Home - 108 W. North Av. 21201 - (410) 752-4941 Baltimore, MD 23a. Part1. Enter the disease, or complications that dised the death. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart failure. List only one ceuse of each line. Approximete Interval Between Onset and Deeth CARINII Immediate Cause (Final neumo cystis disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? 1 Yee 2 No 3 Probably 4 Unknown in sufficience 24b. Were autopsy findings aveileble prior to 24e. Wes an autopsy performed? completion of cause of deeth? 1 Tyes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Unpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes 2 No 27. Manner of Death

Physician /Medical **Examiner**

permit. Page Department of Important: If any Injury or once.

Physician

* /Medical

Examiner

Directo

Funeral

by

Completed

Be

MD

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show trsumstic event, the Madical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours efter death with inent of Health end Mertal Hygiene.

Int: if item 27 is marked other than "naturel", or items 23s or in may or other traumatic event, the Mages Example may or

Baltimore, Maryland 21215-0020

tha Merylend

Examiner Physician/Medical 1 esn P Completed

Be

10

Certification:

Medical

page 2 has certificate funeral director, After this

Hospital or Attending Physician: 24 hours after death. Funeral Director: Af within 2 To the

Division of Vital Records, P.O. Box 68780

enns 31. Date filed (Month, Day, Year) MAR 3 0 1998

30. Name and address of person who

29b. Signeture end title of certifier

2 Accident

4 ☐ Homicide

(Check only one)

3 Suicide

29a. Certifier

5 Pending investigation

Could not be

cause of death (Item 23a) (Type, Pript)

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28e. Date of Injury (Month, Day Year)

DHMH 16 Rev 6/95

Registrar

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred 28c. Injury at Work? 1 Yes 2 No

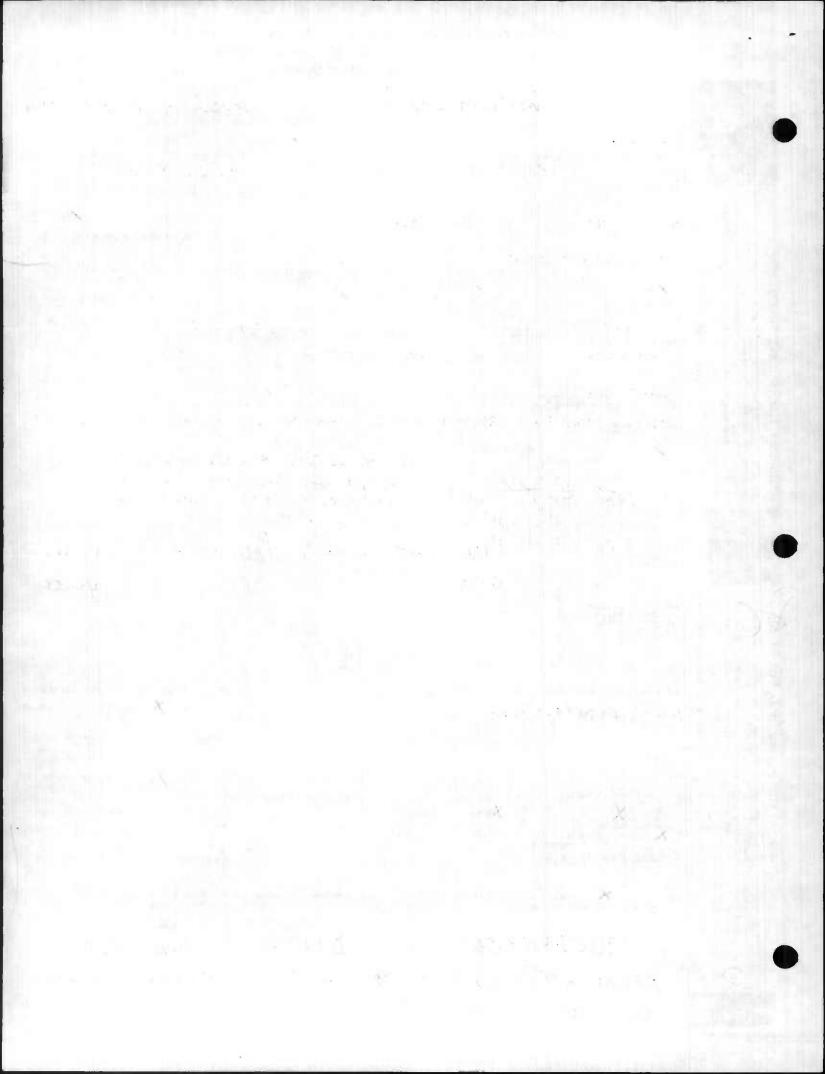
Certifying Phyaician: To the best of my knowledge, death occurred et the time, dete and place, end due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end menner stated.

29c. License number

MARCH 19, 1998

Paul Place Balhnine MD 21202



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth LITTLE Month 020 Am CLARENCE MARCH 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth SE COURS HOSPITAL BALTIMORE If Undar 24 Hrs.
Hours Min.

8. Deta of Birth
(Month, Dey, Year) 5. Social Sacurity Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 12M 20 F 86 Oct. 26, 1911 NC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 30 S. Rosedale Street 21229 USA 12. Wes Dacedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American indien, Biack, White, etc. 11. Maritai Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Marriad 2 ☐ Married 1 Yes 2 No Specify: Specify: Black 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th Grade Truck Driver 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumama) William Little Roland Little 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) William Little (Son) 30 S. Rosedale Street, Baltimore, AD 21229 20a. Method of Disposition 20b. Piece of Disposition (Name of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) 03/31/93 Arubutus, MD Arbutus Memorial Park 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility.
Unity Funeral Home - 108 W. North Av. Perf 1. Ent in the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 21201 - (410) 752-4941 Approximata Intervei Between Onset end Deeth · MYOCARDIAL INFARCTION Immediate Cause (Fine) disease or condition resulting in death) ARTERY DISOASH CORONARY Due to (or es e consequence of): 23b. Did tobacco use contribute to the causa of death? 1 | Yas 2 | No 3 | Probably 4 | Winknown 24b. Were eutopsy findings aveilable prior to completion of cause of deeth?

Physician /Medical Examiner

Depertment of important: If any injury or

Physician

/Medical

Examiner

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Pages 1 and 2 should be filled within 72 hours after de nent of Health and Mental Hygiene. and 17 is marked other than "natural", or itemury or other traumatic event, the Medical Examinal.

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21215-0020

altimore, Maryland

P.O. Box 68769 The law requires that the death certificant Records,

of Vital

Division

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To the Hospital of within 24 hours a To the Funeral D

certificate this After s after death. in by the

Physician/Medical Examiner Completed by Be 2 Certification: Medicai

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Pert II. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert I. DIFFUSE PERIPHERAL VASCULAR DISEASE 24e. Wes an autopsy performed? HYPER TENSION PNEUMONIA 1 Yes 2 No 25. Was case referred to medical examiner? 26. Pleca of Death (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 LNo 28a. Date of Injury (Month, Dey Year) 27. Mennes of Deeth 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Naturai 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29a. Certifier

1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, State)

1 Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

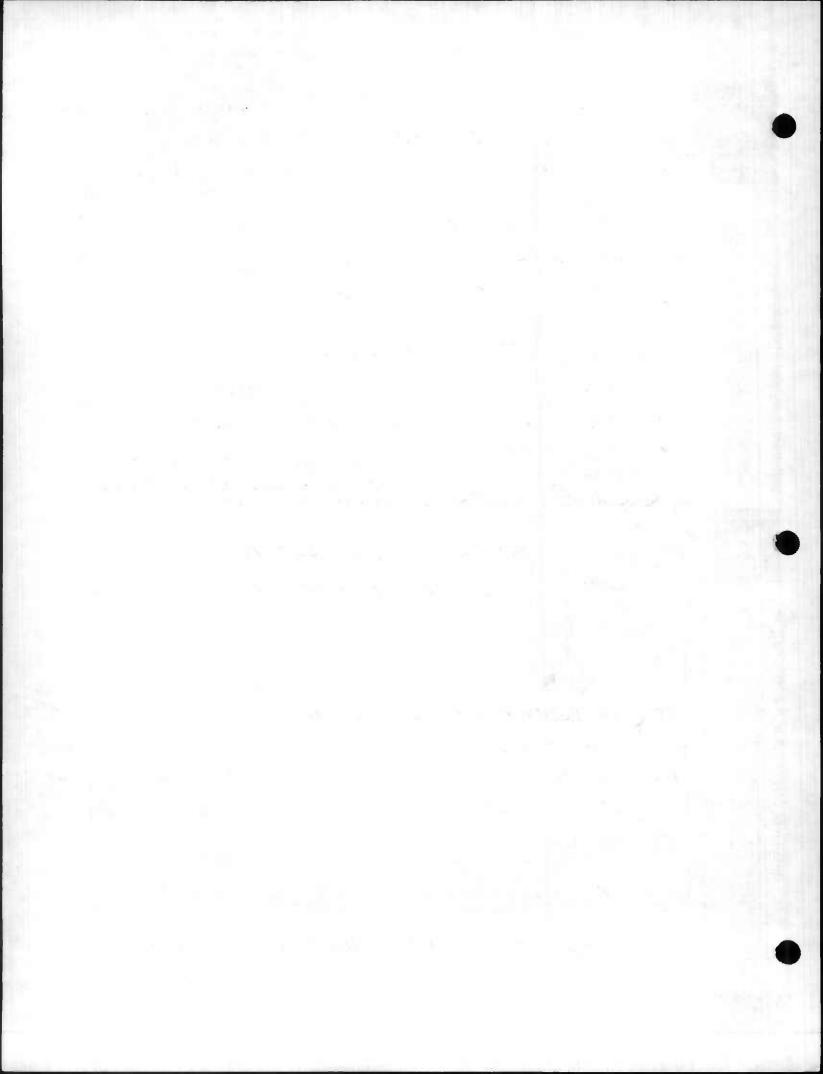
2 Medical Examinar: On the best of examination end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner steled. 29b. Signatura and title of certifian 29c. License number 29d. Dete signed (Month, Dey, Year)

030272

MD 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

BON SECOURS HOSPITAL MILVER

State Registrar 32. Registrer's Signature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene [] Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Yaar JAMES F. LYNCH MARCH 26 1998 5AM 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death SHADY SIDE ANNE ARUNDEL CO. 1426 CEDARHURST ROAD Birthplace (State or Foreign Country) If Undar 1 Yaar | If Undar 24 Hrs. Months | Days | Hours | Min. 8. Date of Birth (Month, Day, Year) NOV . 19 194 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Months Days 1 € M 2 □ F 031-32-8520 55 1942 MASSACHUSETTS Usual Rasidance of Decedent 10a. Stata 10c. City. Town or Location 10b. County 10d. Insida City Limits 1 ☐ Yas 2 No MARYLAND SHADY SIDE ANNE ARUNDEL 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 1426 CEDARHURST ROAD 20764 U.S.A. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 12. Was Decedant Evar in U,S. Armed Forces? 11 Marital Status 1 Yas 2 No
If Yas, Give
Yeer or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No Spacify: WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) 5+ Elementary/Secondary (0-12) SCIENTIST RESEARCH 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) JAMES F. LYNCH SR. DORIS LILLIAN KIRKER 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Raiatlonship (Type, Print) 1426 CEDARHURST ROAD SHADY SIDE, MD 20764
Data 20c. Location - City or Town, Steta LINDA MC CANN LYNCH SPOUSE 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stete 4 ☐ Donation 5 ☐ Othar (Specify) METRO CREMATORY INC. 3/27/98 BALTIMORE MARYLAND 21. Signatura of Fugaral Service Liga 22 Name and Address of Facility
STALLINGS FUNERAL HOME P.A. Hilary taklings Dry MOUNTAIN ROAD PASADENA, MARYLAND 21122 Approximate Interval Between Onsat and Death 23a. Part1. Enter the disease, or complications hat absed the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. COZON CANZER Immediata Causa (Final disaase or condition resulting in death) Sequantielly list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseese or injury that initiated evants rasulting in daeth) Lest Due to (or as a consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yas 2 No 200 1 Yas 26. Pleca of Daath (Chack only ona)

Physician /Medical Examiner

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Baltimore, Maryland 21215-0020

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1 Inpatiant 2 ER/Outpetient 3 DOA

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28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Othar: 4 Nursing Home 5 Residence 6 Othar (Specify)

28d. Dascribe how Injury occurred

281. Location (Streat and Number or Rural Routa Number City or Town, Stata)

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of avamination and/or investination to my color 29a. Cartifiar (Check only one) Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature

29c. Licansa number

28c. Injury at Work?

1 Yes 2 No

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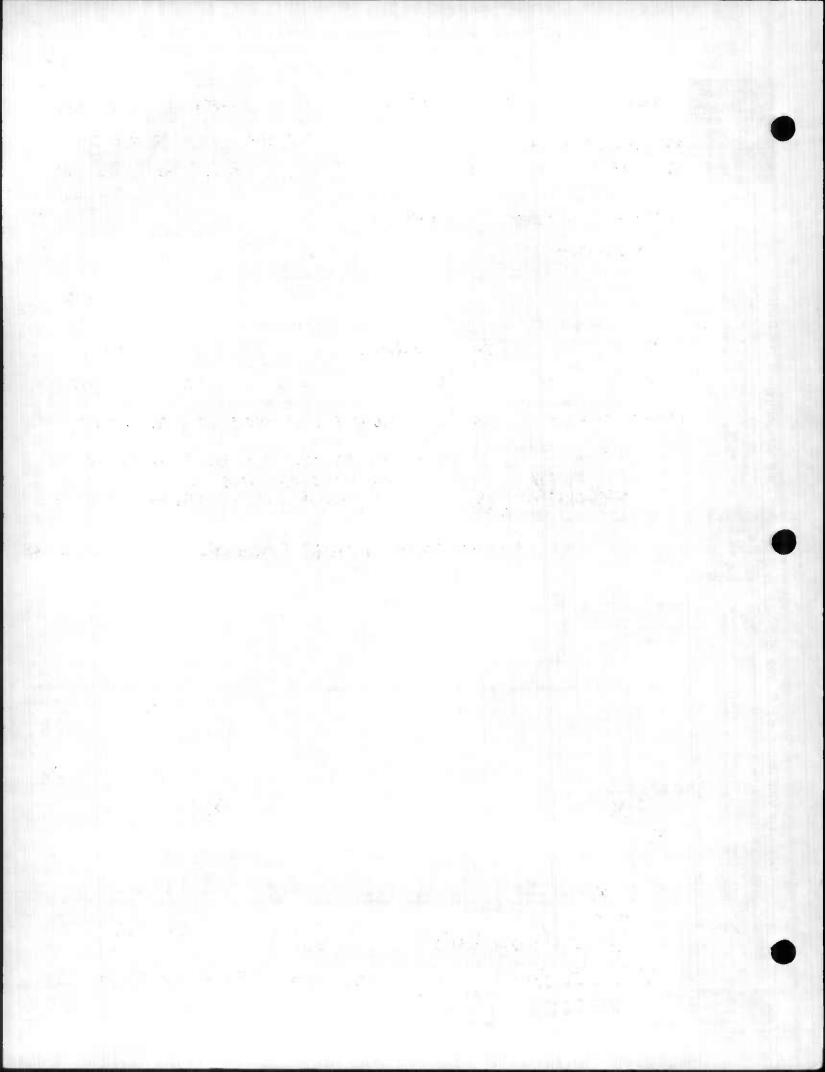
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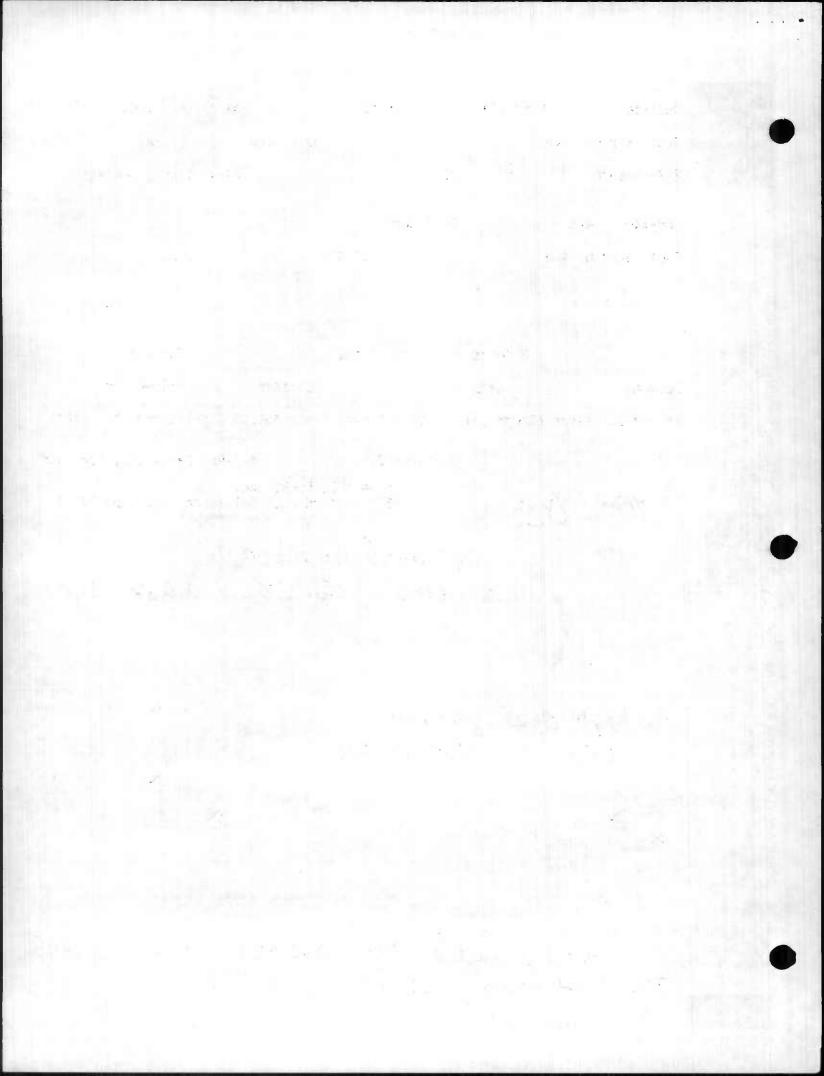
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death 1 Decedent's Name (First Middle Last) **Physician** March 28, 1998 10:40 PM Cecilia Virginia Musacchio /Medical 4a Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner N/A 5001 Barton Ave. Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dev. 9. Birthplace (State or Foreign **Funeral** 1 M 2 X F Months Days Hours Min Yrs. 04-01-1920 Maryland 213-18-8070 Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 1X Yas 2 No Directo Maryland N/A Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or adical Examiner must be a U.S.A. 5001 Barton Ave. 21206 Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiena. It filem 27 is marked other than "natural", or items 23. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Detes: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican indian. Bleck, White, etc. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced White the Medical Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) 3 Years Rental Agent Housing r is marked other treumatic avent, if 18. Mothar's Nama (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Raymond Kemp Eleanor Hildebrand 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) 9102 Swiven Place Apt. 3 A Baltimore, MD 21237 Yvonne C. Weaver (Daughter) itam 2. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete Important: If its any injury or oth page. 20a Method of Disposition N Buriet 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 4-2-98 Parkville, Maryland 22. Neme end Address of Facility Leonard J. Ruck, 21. Signeture of Funaral Service Licensee Inc. 5303 Harford Road Baltimore, Maryland 21214 plications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, needed on each line. Approximate Interval Between Onset end Deeth 23a. Part1. Entar the disaase, or shock, or heert failura. List **Physician** Immediata Cause (Final disease or condition resulting In daeth) /Medical Examiner ióvasculas desegis Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Diseese or Injury that initieted avants rasulting in death) Last Records, P.O. Box 68760, The law requires that the death certificate Physician/Medicai Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. ed by the detached 1 Yes 200No 3 Probably 4 Unknown signed t by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed peen certificate has b lirector, page 2 s 1 Yes 2000 Division of Vital Attending Physician: 25. Was case referred to medical examiner? Be 26. Pieca of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 □Other (Specify) 1 Yes 1 No 10 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Certification: 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? Affar Natural 2 Accident 5 Panding 1 Yes 2 No invastigation Director 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 24 hours after of Funeral Director Pletely filled in by 4 Homicide ŏ Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, and due to the causa(s) and menner as stated.

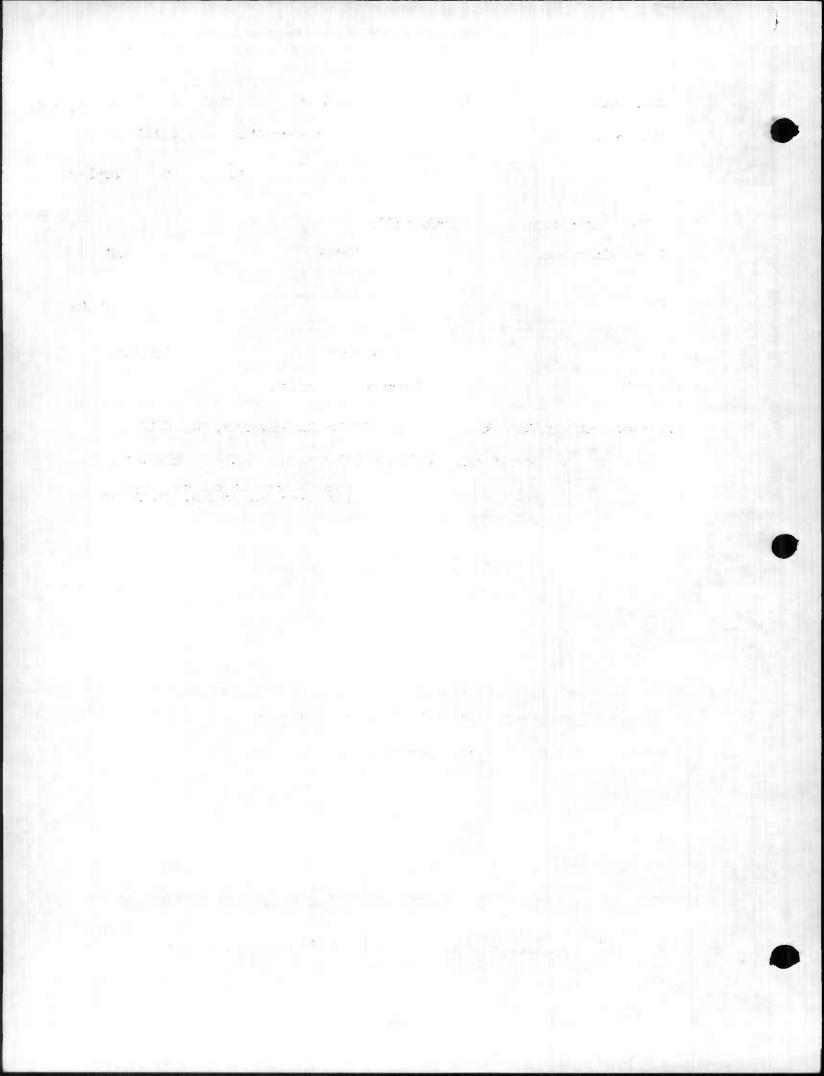
2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner stated. 29a. Certifier edicai completely (Check only one) To the F within 2 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year) 30. Name and address of person who compl eted cause of death (Item 23a) (Type, Print) Balt 3400 Brehms 31. Dete filed (Month, Dey, Yaer) 2. Registrar's Signeture State MAR 3 0 1998 Registrar

DHMH 16 Ray 6/95



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						Certi	ificate of	Death		R	eg. No.		2101	
Physician	1. Decedent's Neme (First, Middle, Last) Elizabeth J.					McCleary				2. Date of Dee March		3. Tim		
/Medical Examiner	4a Facility Name (If not inst 1704 Welfo:			ber)				4b. City, Tov Luther		eation of Deeth	4c. County Balti		12.5011	
uneral irector	5. Societ Security Number 217–20–7175	- M - M -				7. Age (In yrs. last birthdey) Mon		f If Under a	Min.	8. Date of Birth (Month, Dey Jan. 6	9. Birthplace (State Country) 1921 Maryland		ntry)	
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23a or	1704 Welfo	rd Ct					2109	3			USA			
or thoms compose to by Funer	11. Meritel Stetus 1 Never Merried 2 3 Widowed 4 Div		12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Dates:		If y	3. Wes Decedent of Hispanic Origin? (Specify If Yes, specify Cuben, Mexican, Puerto Rica 1 ☐ Yes 2 ☒ No Specify:			city Yes or No- lican, etc.)	fy Yes or No- can, etc.) 14. Race - Ame Black, White				
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Department of H Important: If Ne eny Injury or of pnce.	21. Signature of Funeral Service Licensee) 22. Name and Address of Facility Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, MD. 21204													
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within 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2: Medical Certification: To Be Compl	29a. Certifier 12 Ce (Check only 2 Me	tifying Ph dical Exan	ysician: To the b niner: On the bas and manne	is of axamin	owledga, ation and	daath o	occurred at the stigation, in my	time, date and opinion, deal	d place, a th occurre	nd due to the cod at the time, o	ause(s) and m lata and place,	annar as s and dua t	itated. o tha cause(s)	
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1	30. Name and addrass of pe		complated cause	of death (Ite	m 23a) (Type. Pr	rint)	12399			MARCH		198	
10			N IF Y	~> ~~	6864	- 5	Charles	5 25	505	39000	riet w	2.	204	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth Month Morse Deloves 2:49 am narch 26 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5 Social Security Number If Under 1 Year If Under 24 Hrs. Dete of Birth (Month, Dey, Yeer) 07-07-34 Birthplece (State or Foreign Country) MD 7. Age (In yrs. last birthdey) Deys 1□M 2□F 213-32-9668 63 Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. insida City Limits NA Baltimore 1 X Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4810 Crosswood Avenue 21214 USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ Mo If Yes, Give Yeer or Detes: 1 ☐ Yes 2√ No Specify: Specify: Black 3 X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) 12th Grade Collega (1-4or5+) 2yrs. Soc. Security Admih. Supervisor 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Allen Morse Emma J. Doles 19e. Informent's Nama/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21213 emma J. Dupre 2803 East Chase Street Baltimore, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 € Buriel 2 Cremetion 3 Remove from State 4 Donetion 5 Other (Specify) Baltimore Cemetery 03-30-98 Baltimore, Md. re of Funaral Service License 22. Name end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue Part1. Entar tha disease, or complications that caused tha death. Do not antar the mode of dying, such as cerdiac or raspiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset end Deeth Immediate Ceuse (Final . Metastatic Non-Small Cell Carcinoma of The Lung 6 months diseese or condition rasulting in daeth) Sequentially list conditions, if eny, leading to immediate ceuse. Entar Underlying Due to (or es a consaquence of):

Physician /Medical **Examiner**

Physician

/Medicai

Examiner

10e State

Director

Funerai

by

Completed

Be

MD

Funeral

Director

To the Hospital or Attending Physician: The lew requires that the death certificaterbe executed signed d be del this Director: / within 24 hours aft To the Funeral DI completely filled in

Division of Vital Records, P.O. Box 68760,

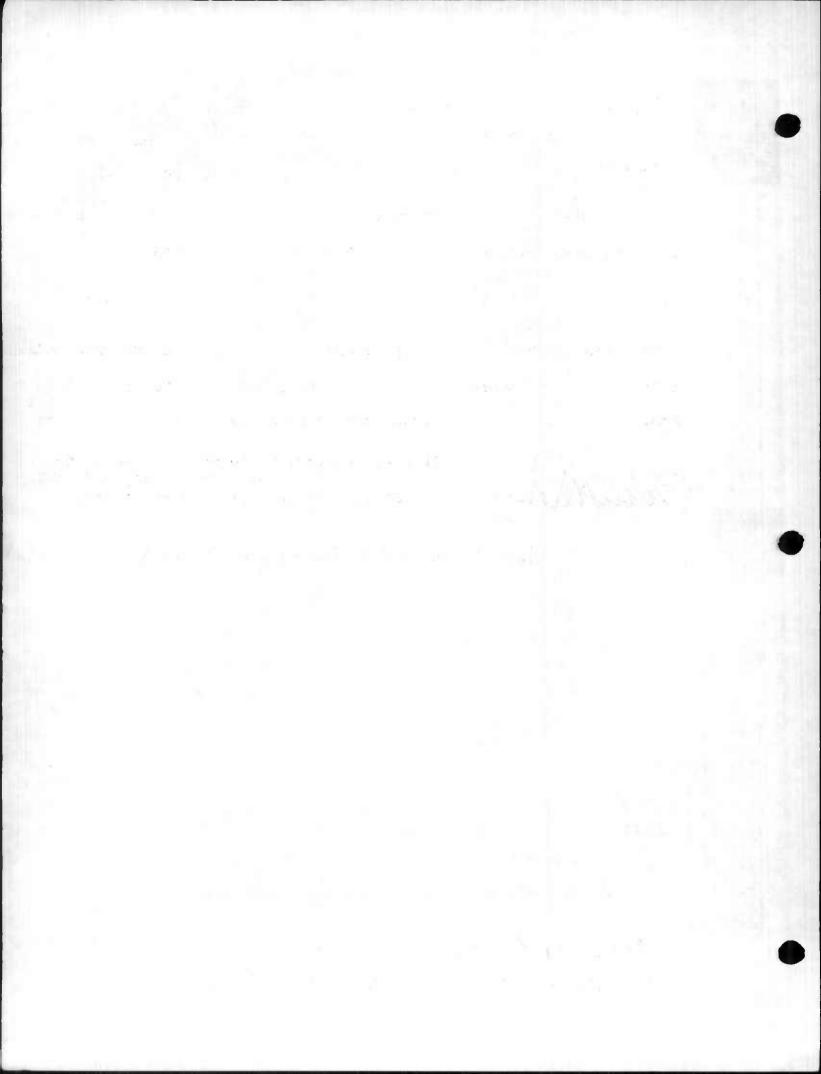
Cause (Disease or injury that initieted events resulting in deeth) Lest	Due to (or es e consequence of):						
Part II. Other eignificant conditions	contributing to death but not re	sulting in the underlying ceu	use given in Pert I.	23b. Did tebecco use co	ontribute to the cause of death?			
				24a. Was an eutopsy performad?	24b. Were eutopsy findings eveilable prior to completion of ceuse of daeth?			
25. Was cesa raferred to medical axaminar?		/	26. Place of De	eath (Check only ona)				
1 Yes 2 No	Hospital: 1 Inpatient 2	ER/Outpetient 3 DOA	Home 5 ☐ Residence 6 ☐ Ott	ne 5 Residence 6 Other (Specify)				
27. Menmer of Death 1 Netural 5 Panding 2 Accident Investigation		28b. Time of Injury M	28c. Injury at Work? 1 Yes 2 No					
3 Suicide 6 Could not be determined		noma, farm, street, factory,	office	28f. Location (Straet and Numi City or Town, State)	Location (Straet and Number or Rurel Route Number, City or Town, State)			
29a. Cartifiar (Check only one)	nyelclan: To the best of my known the common the basis of axamine end menner stated.	owledga, death occurred et etlon end/or Investigation, in	the time, date end plec n my opinion, death occ	e, end dua to tha ceuse(s) end m curred et tha tima, data and plece,	ennar es stated. and due to tha ceusa(s)			
29b. Signature and titla of certifier	1	29c.	License number	29d. Dete signe	ed (Month, Dey, Year)			

State Registrar

completed cause of deeth (Item 23e) (Type, Print) Wolfe Street , Bultimore , MO. North 600 31. Dete filed (Month, Day, Year) MAR 3 0 1998 032. Registrer's Signetura who Davidson-Randoll

D52257

March 27, 1998

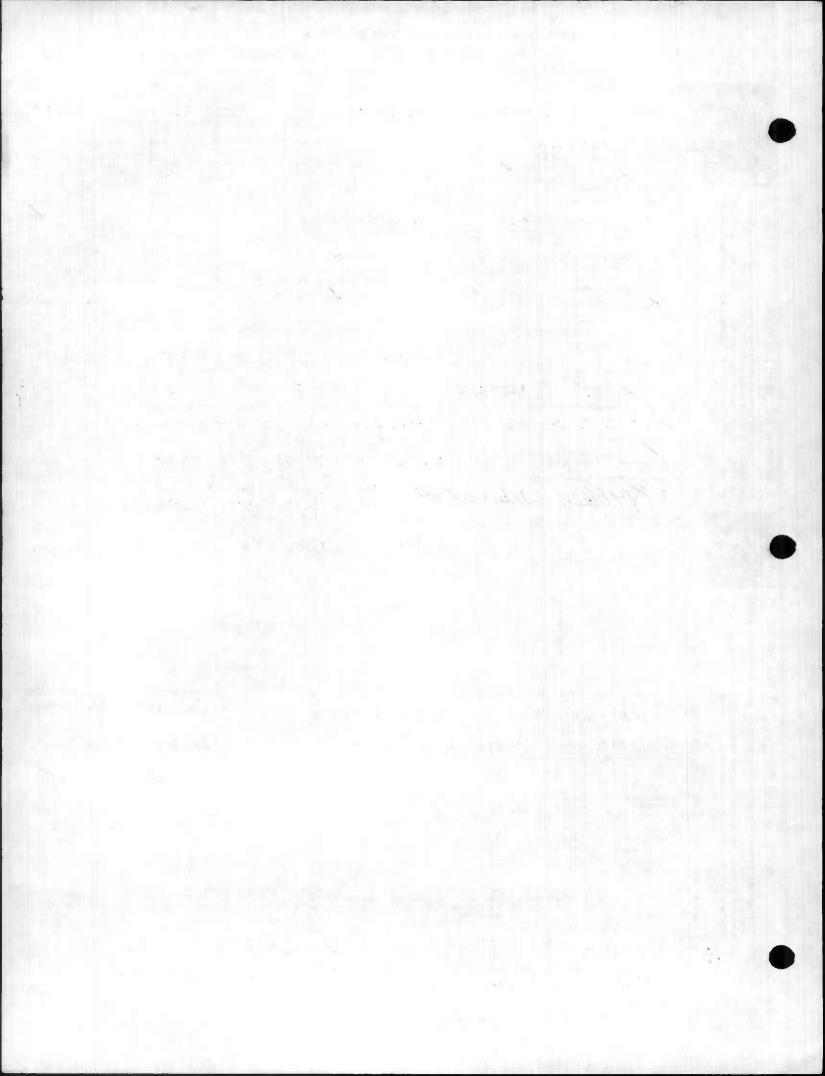


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State of Maryland / Department of Health and Mental Hygiene 9 8 9 7 5 3

			C	ertificate	of Dea	th		Reg. No.			
2	1. Decedent's Neme (First, M	fiddle, Last)					2. Date of De	eth Day	Year	3. Time of Death	
Physician /Medical	Anna	Elizabeth	Mon	iuszko			March	23, 199		7:34AM	
Examiner	4a Facility Neme (If not instit	lution, give street end number			4b. City	, Town, or L	ocation of Deeth				
	6541 Pampano	Drive.				Burni	ie	Anne	Arund	del	
Funeral Director	5. Social Security Number 169–18–6349	6. Sex 1 □ M 2 2 F 7.	Age (In yrs. last birthdi 93 Yrs	Months	Yeer If Ur Deys Hou	nder 24 Hrs. urs Min.	8. Dete of Birt (Month, De 03/28/	th y, Year) 1904	9. Birthpi Coun PA	lece (Stete or Foreign try)	
2 .	Usual Residence of Deceder		10c. City, Town or	Laastiaa						Od Kralida Cita I lanka	
show										0d. finside City Limits 1 ☐ Yes 2 No	
the Maryle 28e-f sho		e Arundel	Glen B					40- 00	147-1-0-1-1		
Nith t	10a. Street and Number	Dodana		10f. Zip C				10g. Citizen of	what Coun	itry ?	
death with the Maryland me 23e or 28e-f show result to notified at neral Director	6541 Pampano	12. Was Decede	at Francis II C	2100		o Original (Co	naihi Van as Na	USA	e - Americ	an Indian	
Urs after	11. Maritel Status 1 Never Married 2 3 Wildowed 4 Divo	Armed Force	No	3. Wes Deceder If Yes, specify 1 ☐ Yes 2 €			Rican, etc.)	Bla Specif	ck, White,	etc.	
1 21215-002 led within 72 hours lygiena. Per than "natural", rt. Ira Madical Exp.	15. Dece	edent's Education (ghest grade completed)	18e. De	cedent's Usual (Occupation	most of word	daa	16b. Kind of B	usiness/Ind	dustry	
thin 7	Elementary/Secondery (0-		lif	e. DO NOT use	retired)	most or work	wy.				
212 ad within griena. er than	6			ilor				Retail	Cloth	ning	
© ≤ 7 5 0	17. Father's Neme (First, Mid				18. N	fother's Nem	e (First, Middle,	Maiden Sumer	ne)		
should the market market urmatic	Konstanty	Lenche	ski		L	ouise		Krupin	ski		
Maryla d 2 should the and Ment T is marked trsummatic	19e. Informant's Name/Rele			eiling Address (Code)	
P = 01 h	Phyllis Dill,	Daughter		1 Pampai		Glen					
0 8 0 7 7	20a. Method of Disposition 1 Burial 2 Cremat 4 Donetion 5 Other	ion 3 □Removel from Ste or (Specify)	cemetery,	Plece of Disposition (Neme of cemetery, cremetory or other place) cs. Peter & Paul Cem. 3/28				20c. Location - City or Town, State AVOCA PA			
Baltimoperant: Pag Depertment Important: I any Injury of Buce.	21. Signature of Funeral Sen	en Weber	CFSP		J. We	ber Fu	neral H		M	21 221	
Physician	23a. Pert1. Enter the diseas shock, or heart failure.	List only one ceuse on each	n line.	enter the mode	of dying, suc	h es cardiec		rrest,	MD.	21231 Approximate Interval Between Onset and Deeth	
/Medical	Immediete Cause (Finel	Mek	Castatic	- Oli	outea	n C	ancere		į	11/2 400	
Examiner	disease or condition resulting in deeth)	a	Due to for so a son	onewane off:					-	0	
i i			Due to (or as a con	isequenca oi).							
60, be asscuted cian end burial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or es a con	sequence ot):		_	1	134	1		
rifficate ng physis as the Medic	that initieted events resulting in deeth) Last Due to (or es a consequence of): d.										
O. Box na deeth cert the attendin hed for use ysician/M	Pert II. Other significant con	ditions contributing to death	but not resulting In th	e underlying cau	ıse given In F	Pert I.	23b. Díd	tobacco use co	ontributa to	the cause of death?	
P.O. thet the deby the detached	Malna	Will an	Dan	chiti			10	Y00 2 No	3 Prot	bably 4 Unknow	
S, F es the be de be de be de	1,00,00		10.0.)	-					
Division of Vital Records, P.O. Boy after the deeth ce after dath. The law requires that the deeth ce after dath. Director: After this certificate has been signed by the attend in by the funeral director, page 2 should be detached for use ertification: To Be Completed by Physician/	Seizu	hilian, re disa	nder.	7-			24e. Was perfo	en autopsy ormed?	evi	ere autopsy findings alleble prior to mpletion of cause death?	
The lay page 2							10	Yes 20 No	10	Yes No	
Vital Indicate The certificate rector, per Pector, per Pector, per Pector 25. Was case referred to me	dical			26. F	Plece of Dea	th (Check only o	one)				
Of Vita Physician: this certific and director,	examiner?	Hospital:	atient 2 ER/Outpe	tient 3 DOA	Other:		ome 5 Hesi		her (Specifi	(v)	
Vision of Attending Physic death. Attentials by the funeral diffication: Tellination of the transmission of transmission of the transmission of transm	27. Menner of Deeth 1 Anatural 5 Pe	28e. Date of I			work?			how injury occu			
Division C tal or Attending P rs after death. al Director: After ti led in by the funera Certification:	3 ☐ Suicide 6 ☐ Co	28e. Place of building,	Injury - At home, farm, etc. (Specify)	street, factory,	offica		28f. Location (City or To		ber or Rura	al Route Number,	
Divi		ifying Physician: To the be ical Examiner: On the basis and manner	of examinetion and/o								
1	29b. Signeture end title of ca	riffer M.D			License num D —	387	154	29d. Date signa 3 - 2	5-0	18	
19	30. Name and address of per	son who completed cause of ASBEM.	f deeth (Item 23e) (Ty	pe, Print)	BROI	ADWA	7. 1	MD -:	2123	>1 .	
State Registrar	31. Dete filed (Month, Dey, Y	0 1998 32. Regi	strar's Signature Davidson-A	indelle							

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death **Physician** Month 1998 01:15 AM March /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, give street and number) 4c. County of Daath Examiner 100 8. Data of Birth (Month, Day, Year) Dec. 28, 195 If Under 1 Year | If Under 24 Hrs. 5. Social Security Numb 6. Sex 7. Aga (În yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) **Funeral** Months Days Hours 1⊠M 2□ F 62 Yrs **Director** Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinar must be notified at Baltimore Maryland 1 XYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2.25.No If Yas, Giva Was Decedent of Hispanic Ongln? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Rece - American Indian, Black, Whita, atc. 72 hours after 1 Never Marriad 2 Married Black Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifta. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 1 Department of Heelth and Mental Hygiena. Important: If fem 27 Is merked other than "n any Injury or other traumatic avant Elemantary/Secondery (0-12) College (1-4or 5+) MAZMPLO yrs: 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumema) Be CSSIE 19a. Informent's Name/Ralationship (Typa, Print) father 19b. Mailing Address (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Baltimor James 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata
4 □ Donation 5 □ Other (Specify) 21. Signatura of Funaral Service Licensaa 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) MARKED PULMONARY CONGESTION EDEMA 24 Hrs Examiner Dua to (or as e consequance of): Physician/Medical Examiner Sequentielly list conditions, if eny, laading to immediata ceuse. Enter Undarfying Causa (Disaase or injury that initiatad avants rasuiting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physic the Dua to (or as a consaquance of): as nse Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? á 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No AIDS should be det Àq 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performad? Completed cata has b 2 No 1 Yas 2 No cartificata Hospital or Attending Physician: Be 25. Was cesa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Natural 2 Accidant 5 Panding death. 1 ☐ Yas 2 ☐ No investigation Director: 6 Could not be 3 Suicide Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) within 24 hours after To the Funeral Direct completaly filled in b 4 Homicida 15 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madicel Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Cartifian Medicai To the 29b. Signatura and titla of certifiar 29c. Licansa numbar 29d. Data signed (Month, Day, Year) D41843 March 23, 1998 30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print) Dr. Ann E. Reed St. Agnes HealthCare 900 Caton Avenue Baltimore, MD 21229
31. Data filad (Month, Day, Yaer)

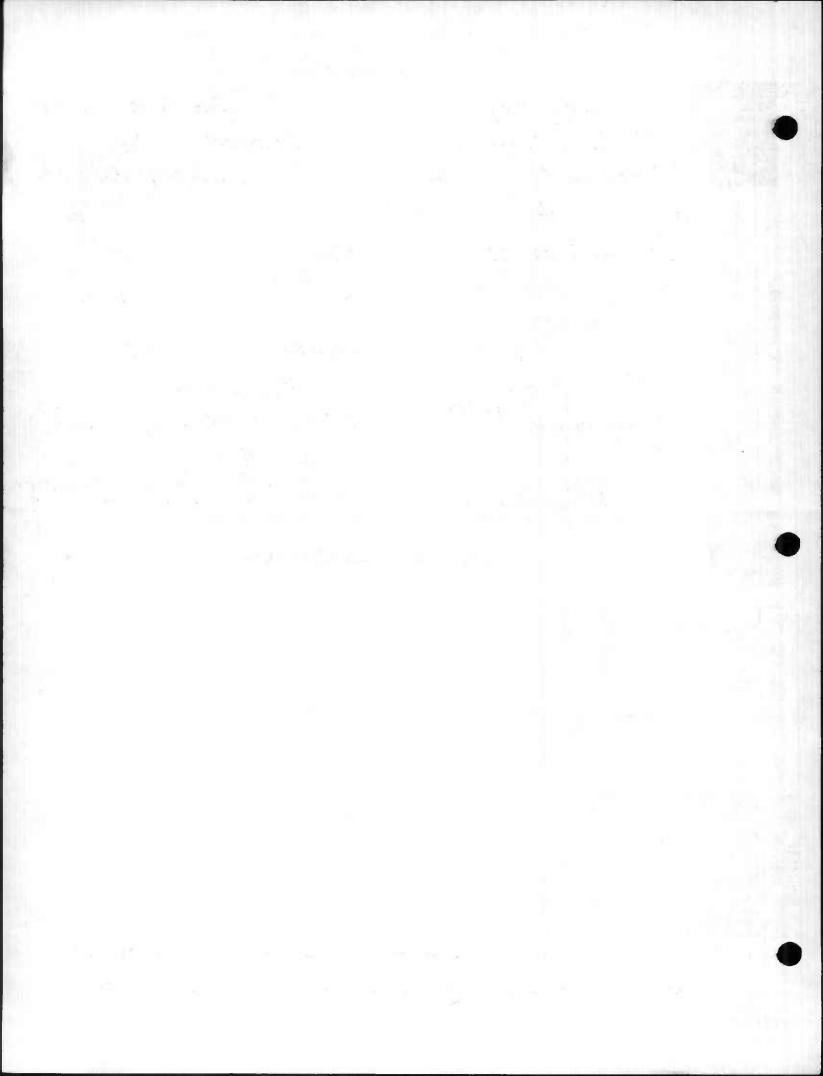
DHMH 16 Ray 6/95

State

Registrar

MAR 3 0 1998

PHILLIP MAYBIN



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 10 Bernard L. Neal Sr. 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death Balti If Under 1 Year If Under 24 Hrs. MARY and GENERAL 5. Sociel Security Number 6. Sex - Hospital 7. Age (In yrs. ast birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Deys Hours 1 M 2□ F 69 Yrs. 217-24-5425 02-10-1929 Virginia Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore City Maryland N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 21217 301 McMechen Street 12. Wes Decedent Ever in U.S. Armed Forces? 1 A Yes 2 D No If Yes, Give 2/8/1951 Year or Dates: 1/10/105 13. Was Decedent of Hispenic Orlgln? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Merried Married Specify: Black 1 Yes 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced 1/10/1953 fiea. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Printing Company 12th Printer 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Lena Blackweel Creed Neal 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5430 Nelson Avenue, Baltimore, Maryland 21215 Courtney Carter/Daughter 20b. Placa of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/31/98 Garrison, Maryland Garrison Forest Veteran 21. Signetyre of Funeral Service Licen. 22. Name end Address of Fecility WIIIam U. Brown Community Funeral Home 1206 W. North Avenue, Baltimore, Maryland 21217 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate Immediate Ceuse (Finel disease or condition resulting in deeth) Due to (or as a copsequence of): CFREbroVAScular Disease Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury thet Initioted events resulting in deeth) Lest Due to (or es e cor Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24a. Wes an eutopsy 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? Mild-moderate Arteriolar Nephrosclerosis 1 Yes 2 No

Physician /Medical Examiner

Box 68760.

Division of Vital Records, P.O.

Department of Haaith ar Important: If Item 27 is any injury or other treu once.

Physician

/Medical

Examiner

10e. Stete

Director

Funeral

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Completed

Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Manylan neat of Haalih and Mantal Hygiona. Intit if terms 23a or 28a-1 show that if terms 27 is marked other than "natural", or items 23a or 28a-1 show arry or other treumatic event, the Manical Evantice final tea notified at Inty or other treumatic event, the Manical Evantice final tea notified at

The purial-transit Completed by Physician/Medicai Be

4 Homlcide

The law requires that the death certificate be axecuted or Attending Physician: funaral Aftar 24 hours after death. filled in by Hospital

State Registrar

complately

within 2

Medicai

Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

Mild-Moderate Chronic Obstructive

exeminer?	26. Place of Deeth (Check only one)										
1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 ☐	Outpetient	3□ DOA	Other: 4 Nursing	Home 5 Residence	8 Other (Specify)					
/. Manner of Deeth 1 Vivaturel 5 ☐ Pending investigation	28e. Date of Injury (Month, Dey Year)			Injury et Work?	28d. Describe how in						

2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

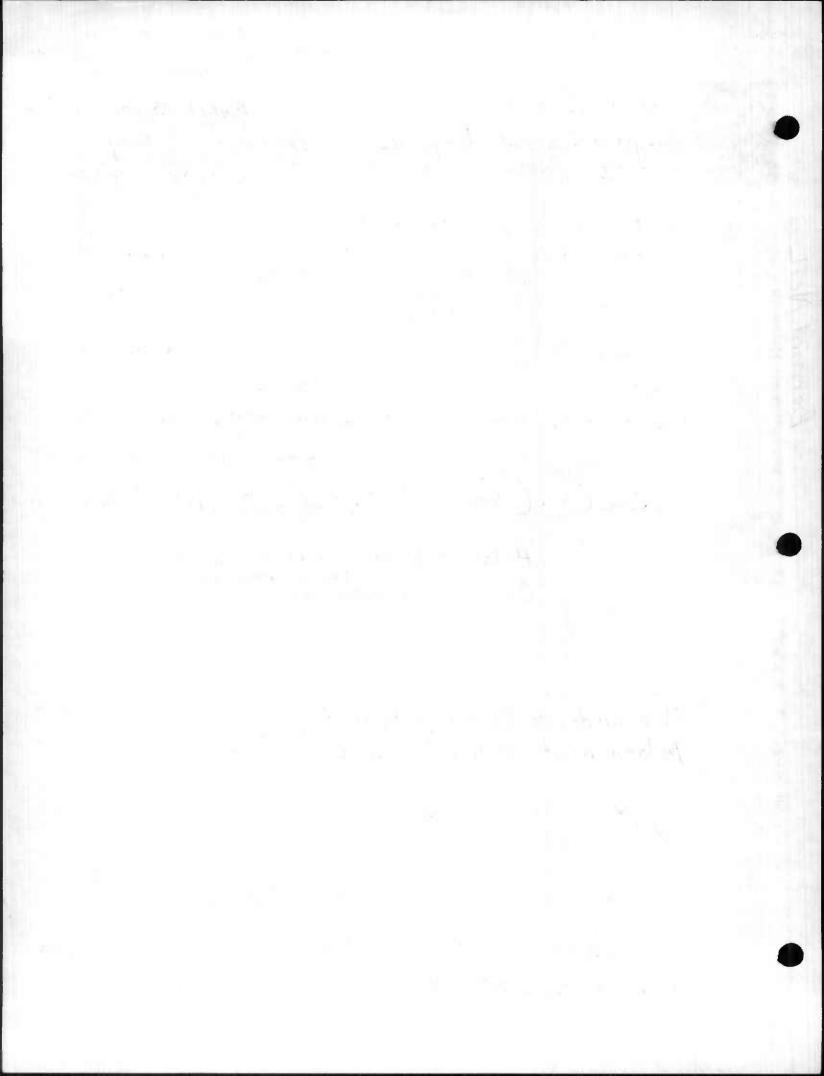
111 criffying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

D32700

29a. Certifier (Check only one) 2 Medical Examinar: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Yeer)

mpleted cause of deeth (Item 23e) (Type, Print)

MARYland GENERAL Hispital Registrar's Signature ruh Davidson-Randace



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Name (First, Middle, Last) **Physician** F. Catherine Oppolt /Medical 4a Facility Name (If not Institution, giva street and number) **Examiner** 710 Edge Hill Drive 17088 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 1 ☐ M 2 🕏 F 82 Yrs. **Director** 215-28-3510 Usual Residence of Decedent with the Maryland

2. Data of Daath 3. Time of Death Month 26 1998 11:10 PM March 4b. City, Town, or Location of Death 4c. County of Death Belair, Harford Md. If Undar 1 Yaar | If Undar 24 Hrs. Birthplaca (Stata or Foraign Country) 1915 Maryland 10a. State 10c. City, Town or Location 10d. Insida City Limits 10b. County 1 Yas 2 No Md Harford Belair, Md. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 710 Edge Hill Drive 21014 USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16b. Kind of Business/Industry

16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) 6th Homemaker 18. Mother's Nama (First, Middla, Maiden Surname) 17. Fathar's Nama (First, Middla, Last)

Glenroy Kehn Bertha 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

2816 Pelham Ave., Baltimore, Md. 21213

20b. Placa of Disposition (Name of camatary, cramatory or other placa) 20c. Location - City or Town, Stata

Lind

21. Signatura of Funaral Sarvice Licansas 22. Nama and Addrass of Facility Hartley Miller Funeral Home, CHTD. uller 23a. Part1. Erv. r tha disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approx. Shock, or leart failure. List only one cause on each line. 21234 Approximate Inlarval Batween Onset and Daath

Loudon Park Cemetery3/30

Immediate Cause (Final disease or condition resulting in death) Due to (of as a consequence of):

Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last

anewing

Patricia M. Argo

4 ☐ Donation 5 ☐ Other (Specify)

1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata

20a. Method of Disposition

Due to (or as a consequence of):

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Home

Baltimore, Md.

2 No 1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier 15, Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and placa, and dua to the cause(s) and manner as stated. (Check only one)

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) w. macPha. / RD Belair MA 615 Dav 20) 5.

Registrar

7 is marked other than "naturel", or items 23a or 28a-f ehow traumatic event, the Medical Examiner must be notified at

72 hours after death

and 2 should be filed within 72 ont of Haalth and Mental Hygiene : If item 27 is marked by other trees.

Pages 1 and 2 s ment of Haalth an

Important: If it any injury or concept

Physician /Medical

Examiner

and f-transit

physician a the burial-

signed by

certificate be

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

by

Completed

Be

To

Certification:

Medical

4 Homicide

Director

Funeral

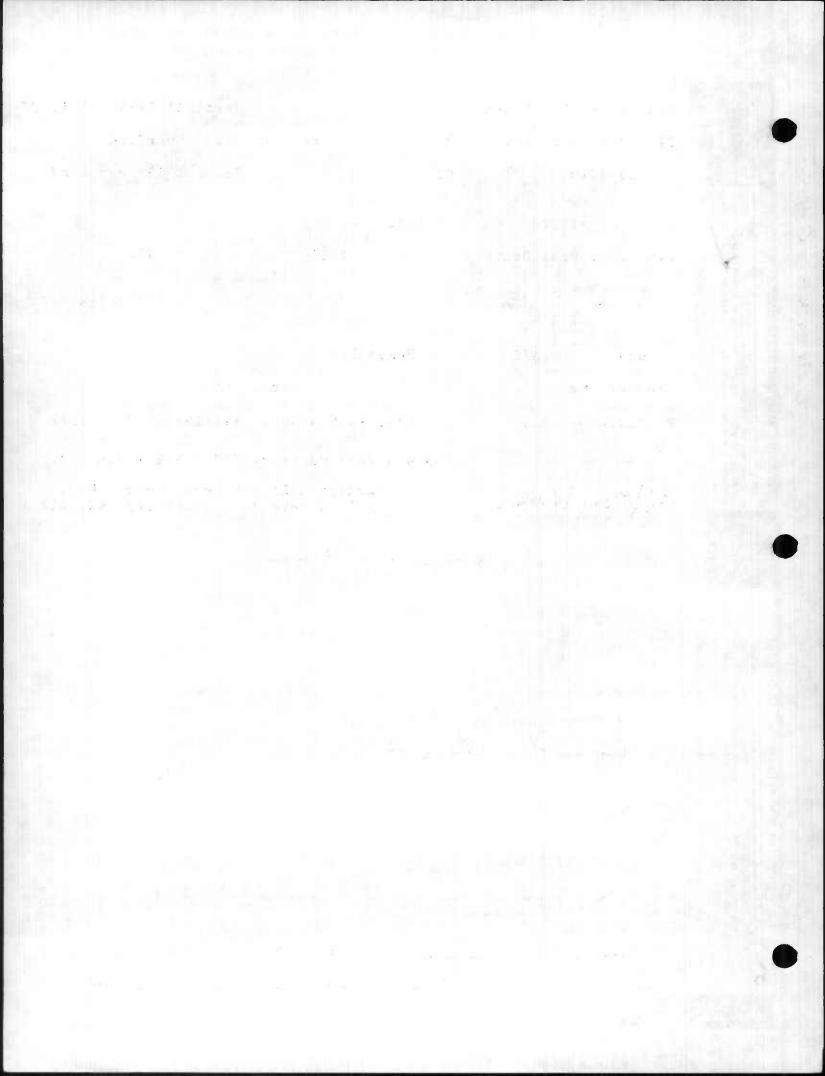
by

Completed

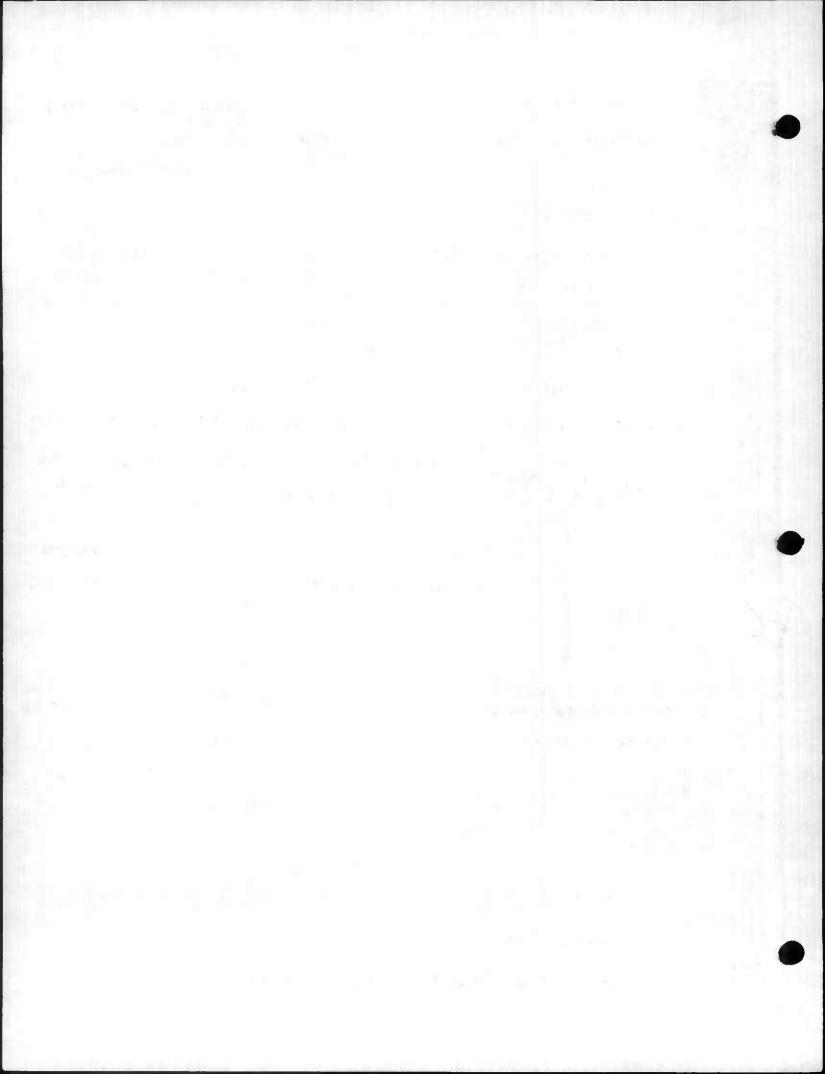
31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura MAR 3 0 1998

Julia Davidson-Handell

effar de Direction



		1. Decadant's Nama (First, Middle, Las			Jeru	ificate of	Dodin	2. Data of Da		V	3. Tima	of Death
hysicia /Medic		Rowland Pilli	1/				di Oh T	Month	-	98	328,	pm
Examin	er	4a. Fecility Name (If not institution, give					4b. City, Town, or I		n 4c. Count	y of Death		
ıneral		5. Social Security Number 6. Sa		e (In yrs. last		if Under 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, Da	th		ace (Stete	or Forei
rector	1	216-18-9331 Usual Residence of Decedant	MM 2LIF	75	Yrs.		110010	July 3,	1922	Mary	land	
Now W		10e. Stete 10b. County			own or Loca	ition			-	10	d. Insida	City Lim
notified at	ctor	Maryland Baltim	ore	Ros	edale							es 2 💢 N
0 8	Dire	1315 Chesaco Ave	Ant	. 317		10f. Zip Coda	21237		10g. Citizan of	What Count ted St		
terns 23a	Funeral Director	11. Marital Status	12. Was Decedent	Evar in U,S.	13. Wa	as Decedant of I		pecify Yes or No		ce - Amarica	ın Indian,	
al', or its Examine	by	1 Navar Merried 2 🕅 Married 3 Widowed 4 Divorced	1 XX Yas 2 □ No			as Decedant of Hispenic Origin? (Specify Yes or ras, specify Cuban, Mexicen, Puerto Rican, atc.) ☐ Yes 2 🏿 No Specify:			Specia	ick, White, e		
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Department of Health end Men Important: if flam 27 is marke any injury or other traumstic once.		Mrs. Doris A. Pilling / Wife 1315 Chesaco Avenu 20a. Method of Disposition 1 🛱 Burial 2 □ Cramation 3 □ Removal from Stata							20c. Location			212
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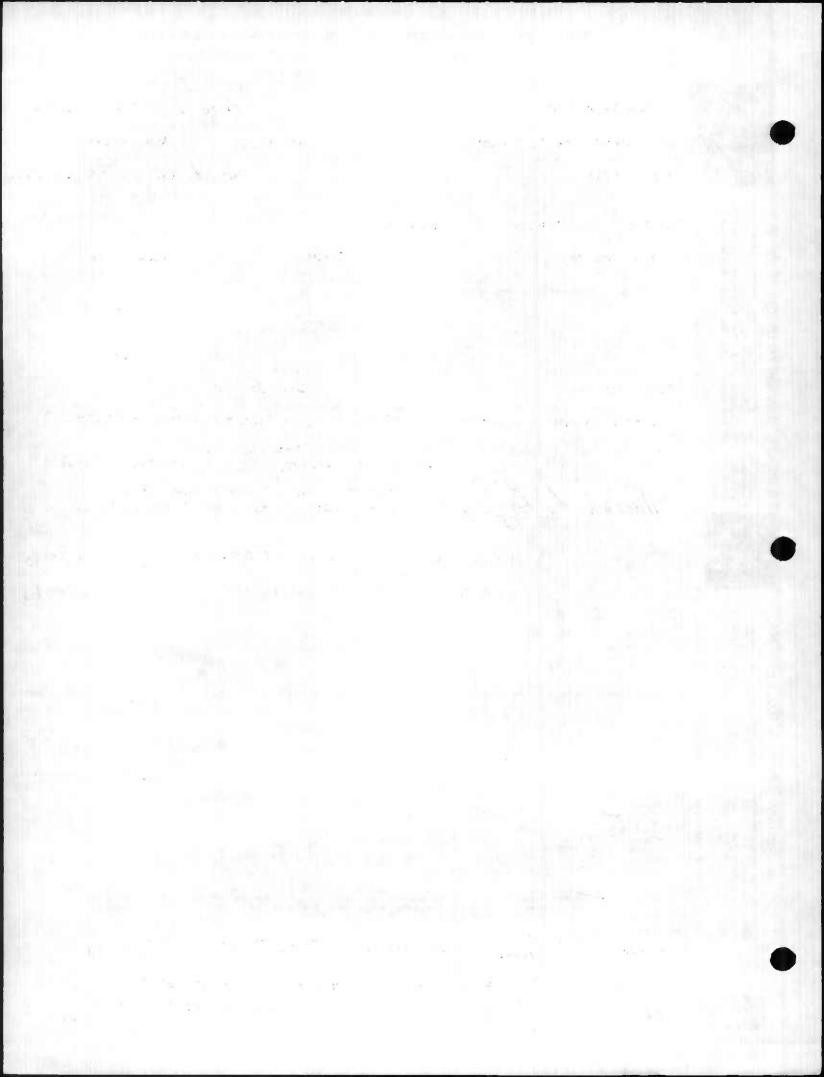
State of Maryland / Department of Health and Mental Hygiene 98 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** Anna D. Stewart 10:20 A.M. 27 1998 March /Medical 4b, City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Anne Arundel Medical Center Anne Arundel Annapolis If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2⊠F Days Hours Min. Yrs. 577 28 0718 76 1921 Washington D.C. **Director** Usual Residence of Decedent the Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20XNo Directo Maryland Anne Arundel Annapolis 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number with 1 r than "natural", or items 23s or the Medical Examiner must be 920 Beacon Way 21401 United States death v Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marijal Stalus permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examination. Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 Nidowed 4 □ Divorcad White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Banking Executive 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Edwin Douglas Lily Boteler 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 6807 Willow Creek Road Bowie Maryland 20720 Patricia Donahue Daughter 20b. Place of Disposition (Name of cemetery, crematory or other placa) March 30, 1998 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery Brentwood Maryland 22. Name end Address of Facility Robert E. Evans Funeral Home, Inc. ucharl 16000 Annapolis Rd. Bowie Maryland 20715 23a. art1. Entar the disease, or complications into caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsel and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical · ANOXIC ENCEPHALOPATHY **Examiner** VENTRICULAR FIBRILL ATION Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): esn. 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed certificate has b director, page 2 s 2 NO 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 hpatient 10 2 ER/Outpatien1 3 DOA funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Mannac of Death 28b. Time of Certification: 1 Natural 5 Pending after death. Director: Af 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide filled in 24 hours a 29a. Certifier 16 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edicai within 24 hor To the Fune completely ti (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 038328 MO MPH 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MANY A CLANCE 18

State Registrar

32. Registrar's Signature

180 ADMINAL COCHMANE DR BUNAPOLIS MAYOL



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#7 per FH G757 3/30/31 EW 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** EMMA MAR 0255 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ANNE ARUNDS CHES MANOR NIX ARNULD Months Deys Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dev. Year) **Funeral** 1□ M 2♥ F Yrs. 79 Director 216-09-7435 october 18 1918 Maryland Usuei Residence of Deceden with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itams 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at 1 ¥ Yes 2 No Maryland N/A Baltimore City Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours effer death v
Department of Health and Mentel Hygiene.
Important: If fem 27 is marked other than "natural", or itams 23a
any injury or other traumatic evant, the Medical Examina-3711 Foster Ave. 21224 U.S.A. Funeral 14. Race - American Indian, Bleck, White, etc. 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No p Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hostess Department Store 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) John C. Sibiski Frieda Tausendschoen 19e. tnforment's Neme/Reietlonship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John C. Holtgrefe / Son 3rd Street, Annapolis, Maryland 21403 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriel 2 ☐ Cremetlon 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Heart of Jesus Cemetery 3/26/98 Balto. Co., MD 22. Neme end Address of Fecility
Lilly & Zeiler, Inc. Funeral Home
700 S.Conkling St., Baltimore, MD 21224 21. Signeture of Funerel Servica Licansee 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Betw Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in death) PNEU MONIA Examiner Due to (or es a consequence of):

QSP(RATI) Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or es e consequence of): ALZHEIMERS DUSEASE Division of Vital Records, P.O. Box 6878 Physician/Medical ě Due to (or es e consequenca of): 8 Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 100 3 ☐ Probably 4 ☐ Unknown tigned to det ģ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 報 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of tnjury 28c. Injury at Work? 28d. Describe how injury occurred Certification: Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident i or Altend after death Director: 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital
within 24 hours a
To the Funeral C
completely filled Hospital 24 hours a Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29e, Certifier (Check only one) Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year, who completed cause of deeth (Item 23a) (Type, Print) on Gray Ave STE IN ANNAPOUS

32. Reclaiments Signature

32. Reclaiments Signature

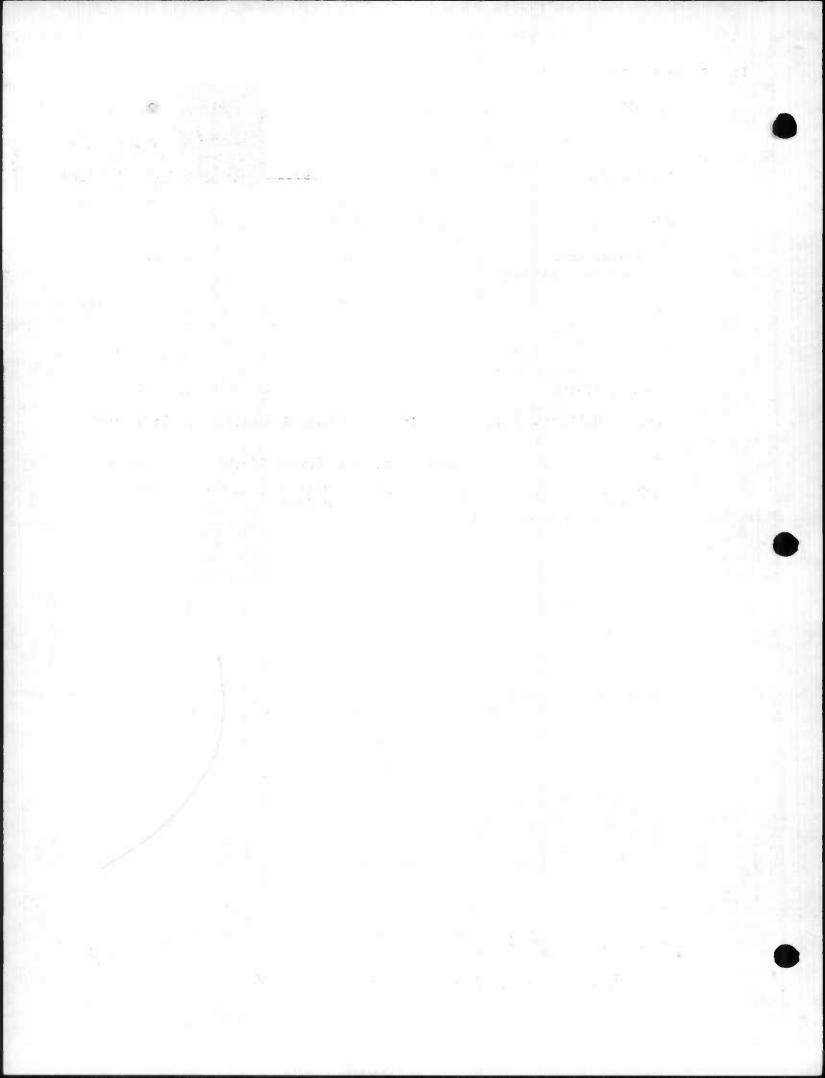
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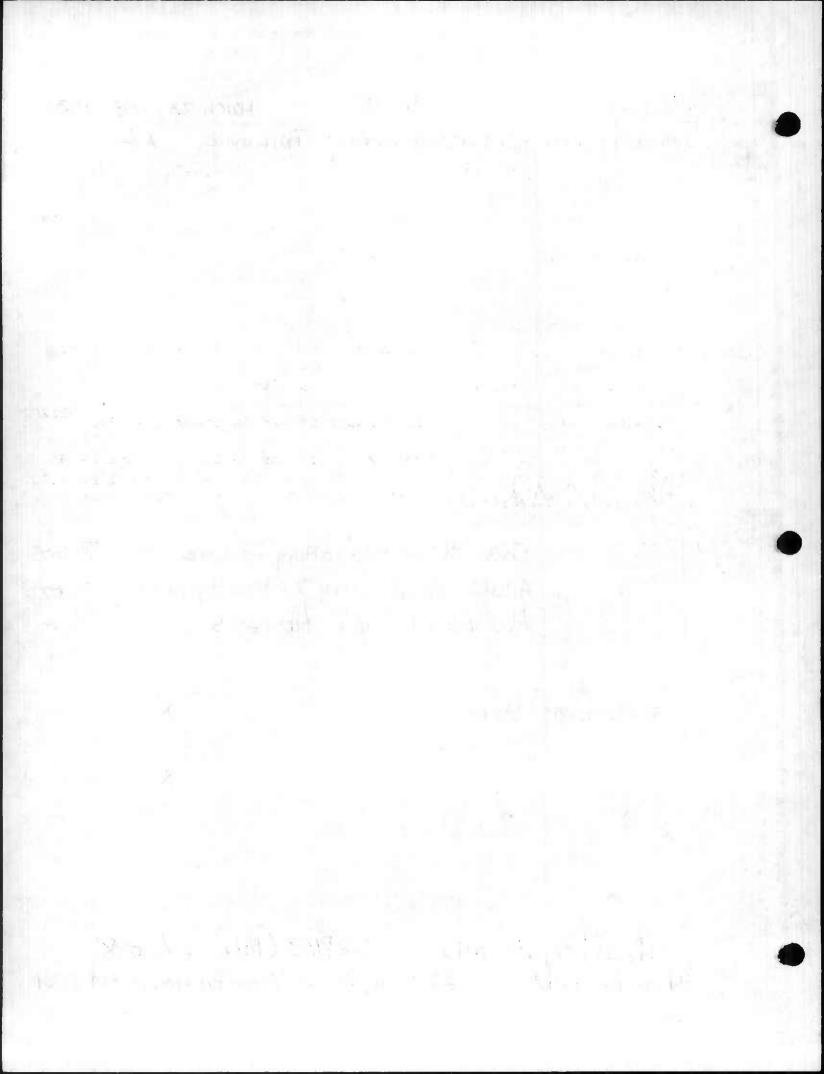
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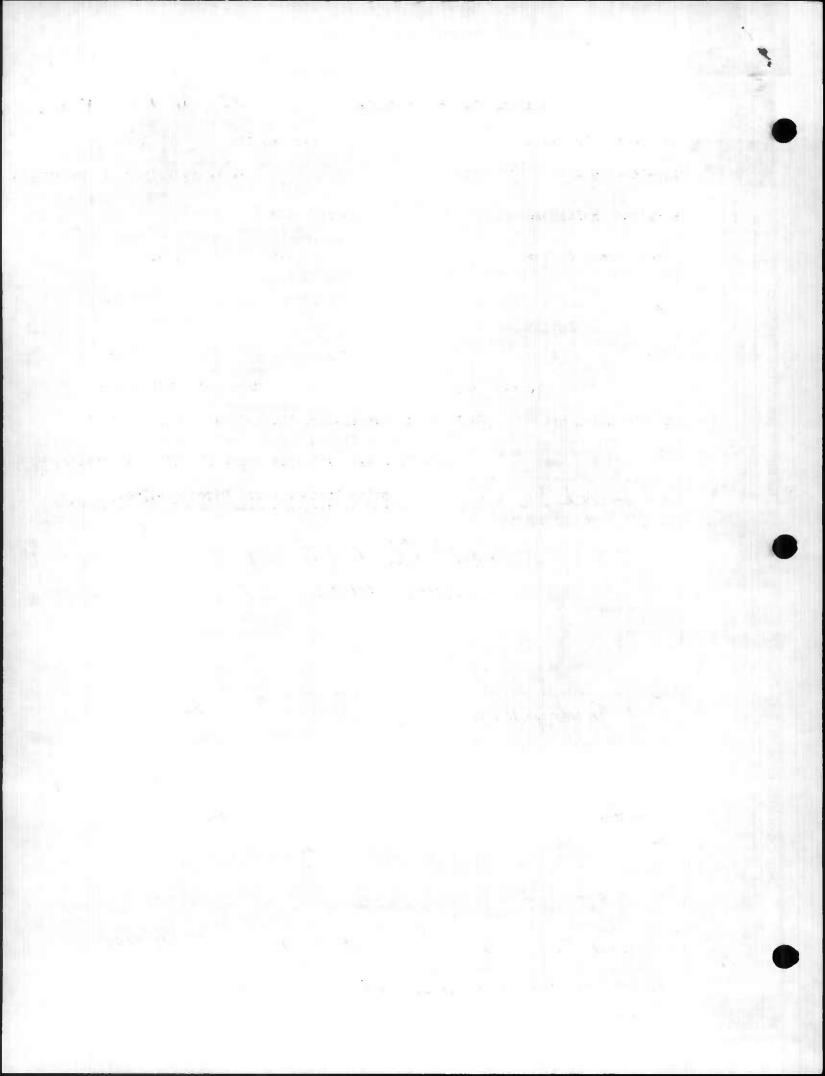
Registrar

MAR 3 0 1998



3	State of Maryland / Department of Health Certificate of Death		Reg. No.	09761
Physician	Decedent's Neme (First, Middle, Last) Lillian Bertha Stiegler	2. Dete of D Month March		3. Time of Deeth
/Medical Examiner	4e Fecility Neme (If not Institution, give street end number) 4b. City, T	own, or Location of Dee		
Examiner	1408 Glenwilde Road Cato	nsville	Bal	ltimore
Funeral Director	5. Sociel Security Number 216-16-4436 A 6. Sex 1 M	Min. 8. Dete of B (Month, D	ary 2,1922	9. Birthpleca (State or Foreign Country) 2 Pennsylvania
dand dand	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
Man Man	Maryland Baltimore Catonsvil	le		1 ☐ Yes 2 No
or 28	10e. Street end Number 10f. Zip Code		10g. Citizen of Wi	het Country?
ith wi	1408 Glenwilde Road 212	28	U. S. A.	
Nore, Maryland 21215-0020 ges 1 end 2 should be lited within 72 hours after death with the Maryland nt of Haalth and Mental Hygiena. If item 27 is marked other than "natural", or items 23a or 28a-1 show or other traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	11. Meritel Stetus 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes ☒ ☒ No If Yes, Give Yeer or Detes: 13. Was Decedent of HispenIc O If Yes, specify Cuben, Mexical Notes Armed Forces? 1 □ Yes Z☒ No Specify		Bleck	- American Indien, , White, etc. White
Maryland 21215-0020 d 2 should be lifed within 72 hours at the and Mental Hygiene. T is marked other than "natural", or traumatic event, the Medical Exam To Be Completed by F	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemake		16b. Kind of Bus	
d 2 Hygie mt, m		L her's Neme (First, Middl		ome
aryland should be lil nd Mental H marked oth umatic even	Walter Rowe		. Milano	
S should and Manager and Manag	19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Numi	ber or Rural Route Num	ber, City or Town, S	State, Zip Code)
Te, Miller 1 end 2 Haalth a Haalth a sm 27 is	Timothy Stiegler (Son) 233 Hammershire R	d. Reisters	stown, MD	21135
Baltimore, M permit. Pages 1 end Department of Haelih Important: If item 27 any injury or other tr once.	20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 20b. Pleca of Disposition (Name of cemetery, crematory or other place) Lake View Memorial Pa	rk March 28		okesville. MD
death certificate be assecuted death certificate be assecuted death certaining physician and lor use as the buriel-transit sician/Medical Examiner	Immediate Cause (Final disease or complications that caused the deeth. Do not enter the mode of dying, such enter the mode of		errest,	Approximete Interval Between Onset and Deeth One Month 204005
death death	Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Per	t f. 23b. Di	d tobacco uae conf	tribute to the cause of death?
thet the death certined by the ettending of deteched for use a y Physician/M	Thanboghpenia.	· ·	Xes 2□ No	3 Probably 4 Unknown
The law requires thet the death certificate has been signed by the estanding page 2 should be detected for use as Completed by Physician/Mex			es en eutopsy rformed?	24b. Were sutopsy findings evalleble prior to completion of cause of deeth?
The I		10	Yes 200	1 ☐ Yes 2 ☐ No
/ita	eyeminer?	ce of Deeth (Check only	y one)	
hysic of his can if direct	1 ☐ Yes 2 ☐ Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ N	Nursing Home 5 Re		
Division of Vital Registration of Vital Registration of Vital Registration of Attending Physician: The law within 24 hours after deeth. To the Funeral Director: After this cardificate has complately filled in by the funeral director, page 2 Medical Certification: To Be Comp	27. Menner of Death Nature 5 Pending Investigation 3 Suicide 4 Homlcide Homlcide 28e. Dete of Injury 28b. Time of Injury 28c. Injury at Work? 1 Yes 2 28e. Pleca of Injury - At home, ferm, street, factory, office 28e. Pleca of Injury - At home, ferm, street, factory, office	□No 28f. Location	e how Injury occurre (Street end Numbe own, State)	or or Rural Route Number,
n 24 hours in 24 hours in Euneral plately filled	29a. Certifier (Check only one) 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete et (Check only one)	i end pleca, end due to th eath occurred et the time	e cause(s) and mer e, dete end piece, s	nner es stated. nd due to the cause(s)
of the complete of the complet	29b. Signeture end title of cartifier 29c. License number	r	29d. Date signed	(Month, Day, Year)
F ≱ F 8	Bonnel Glan MD 141197		3/27/	
10	30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)	me		
State Registrar	31. Dete filed (Month, Day, Year) MAR 3 0 1998 32. Registrer's Signeture And And And And And And And And And And	1715		

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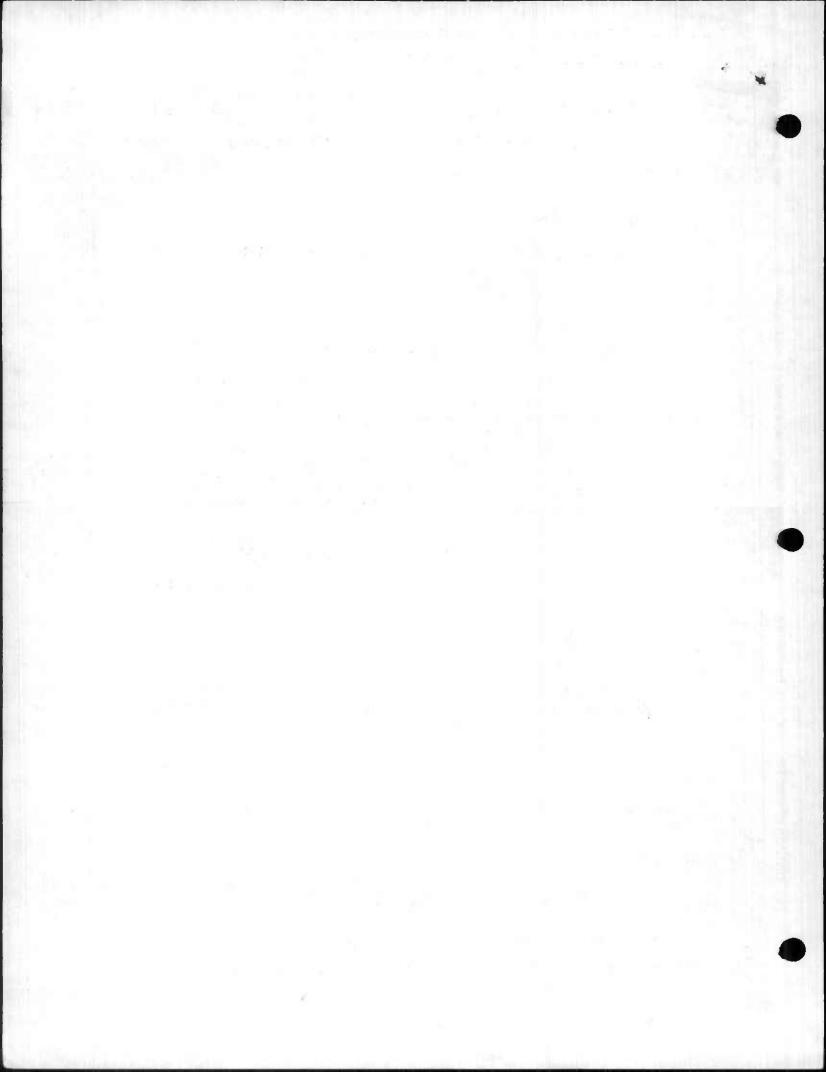


State of Maryland / Department of Health and Mental Hygiene ?

Item: 10f Per FH Film G-757 3-30-98RC Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month 1834 DANIEL /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** Baltimore

If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth
(Month, Day, Year) HOSPITAL Mai 9. Birthpiaca (Stata or Foreign Country) W. Cirro Zina 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** 10M 20F 63 247-56-5336 Yrs. Director Usuai Residenca of Dacedant 10e Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Ves 2 No BALTIMORE Director Harylmo 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? filed within 72 hours after death with 3930 Grantles ROAD Balling 21215 11512 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Bieck, Whita, atc. 1 Naver Merriad 2 Married 1 Yas 2 No Specify: 21215-0020 Black Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry KEY WATEHOUSE Elemantary/Secondary (0-12) Coilega (1-4or 5+) Hygiena. Truck DrivER 9# grade Baltimore, Maryland 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) . Pagas 1 and 2 should be fill ment of Haath and Mantal Hant: If item 27 is marked oth jury or other traumatic even Be Wilson Smith EHER Smith 19a. Informant's Name/Raietionship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Addie Eliensett Smith 3930 Grantley Romo 1001E Boltinore, Marylons 20c. Location - City or Town, Stata 20b. Place of Disposition (Nama of cematary, crematory or other pieca) 20a. Mathod of Disposition Burial 2 ☐ Cramation 3 ☐ Removal from Stata permit. Paga Depertment of important: If sny injury or once. Kion 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility CHATMAN- Hom? Finial Home 21. Signatura of Funeral Sarvice Licensaa 23a. Part 1. Entar tha disaasa, or complications that causad the daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only ona causa on aach line. Approximata interval Between Onsat and Death Physician /Medicai Immediela Causa (Final disaasa or condition rasulting in death) **Examiner** Examiner 105 day 8 Sequentially list conditions, if any, leading to immadiata causa. Enlar Undarlying Ceusa (Disease or Injury that initiated avants rasulting in death) Last and Dua to (or as a consequence of) P.O. Box 68760. Physician/Medicai The law requires that the death certifical Dua to (or es e consequança of): usa as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 (No 3 Probably 4 Unknown 1 Yes Records, page 2 should be 24b. Were eutopsy findings available prior to completion of causa of daath? Completed 24e. Wes an autopsy performed? 1□ Yes 20 No certificate 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: Be 25. Was casa raferred to medical axaminer? 26. Piaca of Daath (Check only ona) 1□ Yes 2 No Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 ☐ Inpaliant 2 ER/Outpatiani 3 ☐ DOA Aftar this filled in by the funaral 27. Mangar of Daath 1 A Neturai 2 Accidant Deta of injury (Month, Dey Year) Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Division 5 Pending invastigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendity within 24 hours after death.
To the Funeral Director: A complately filled in by the fi 3 Suicida 6 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Piaca of injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Phyeician: To tha best of my knowladga, daath occurred at the tima, dete and piaca, and dua to tha cause(s) and menner as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred et the time, data end pieca, and dua to tha causa(s) and mannar stetad. 29a. Certifian Medicai 29b. Signatura and title of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) Janu 30. Nama and address of person who completed causa of death (itam 23a), (Type, Print) ngton Blod. Balto Wash 200 RANS 31. Data filed (Month, Dey, Year) 32. Ragistrar's Signature State hel Davidson Registrar MAR 3 0 1998

DHMH 16 Rev 6/95



UNK. 98-054 98-1245-027 Please Type or Print in Black Indelibie Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene SYLVESTER Certificate of Death SMITH 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Sylvester A. SMith Sr. MARCH 07, 1998 00:50 AM /Medical 4b. City. Town, or Location of Death 4e Facility Neme (If not institution, give street and number) 4c. County of Death Examiner SOUTH BOUND ROUTE 95 NEAR ROUTE 100 If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Y 01/02/51 Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours 15 M 2□ F Yrs. PA 164-42-2236 **Director** Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at YYes 2 No MD Howard Columbia Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 5772 Thunder Hill Rd. 21045 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (ŽNo If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Black, White, etc. 11. Merital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or iter any injury or other treumatic event, the Medical Examines page. 1 ☐ Never Merried 2 Married African American altimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) equipment operator distributor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Jerry L. Smith Thelma Jackson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) wife Patricia Smith 5772 Thunder Hill Rd., Columbia, MD 21045 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1XX urial 2 Cremetion 3 Removal from State 3/17/98 Coatesville, PA New Evergreen Cemetery 4 ☐ Donation 5 ☐ Other (Specify) DeBaptiste Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 22. Name end Address of Facility 25 S. Worthington St., W. Chester, PA >cs 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner to (or as a consequence of): Examiner physician and the burial-transit certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): USB 88 t signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 s hes 2 No certificate Hospital or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Dether (Specify) SCENE 1º 1X Yes 2□ No After this funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred \$ Certification: 28a. Date of Injury (Month, Day Year) 1 Natural 5 Pending 317/98 1 Yes 2 No Investigation 0044 HR 2 Accident efter deet Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) ed Court Route 100 in Him 24 hours e 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death gon red et the time, date and plece, and due to the cause(s) and manner es stated. Medicai within 24 ho To the Fune completely f (Check only one) Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifie

State Registrar 31. Date filed (Month, Day, Year)
MAR 3 0 1998

1 HEORDE Miker

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201
32. Registrar's Signature

Author Puncker

32. Registrar's Signature

32. Registrar's Signature

32. Registrar's Signature

33. Registrar's Signature

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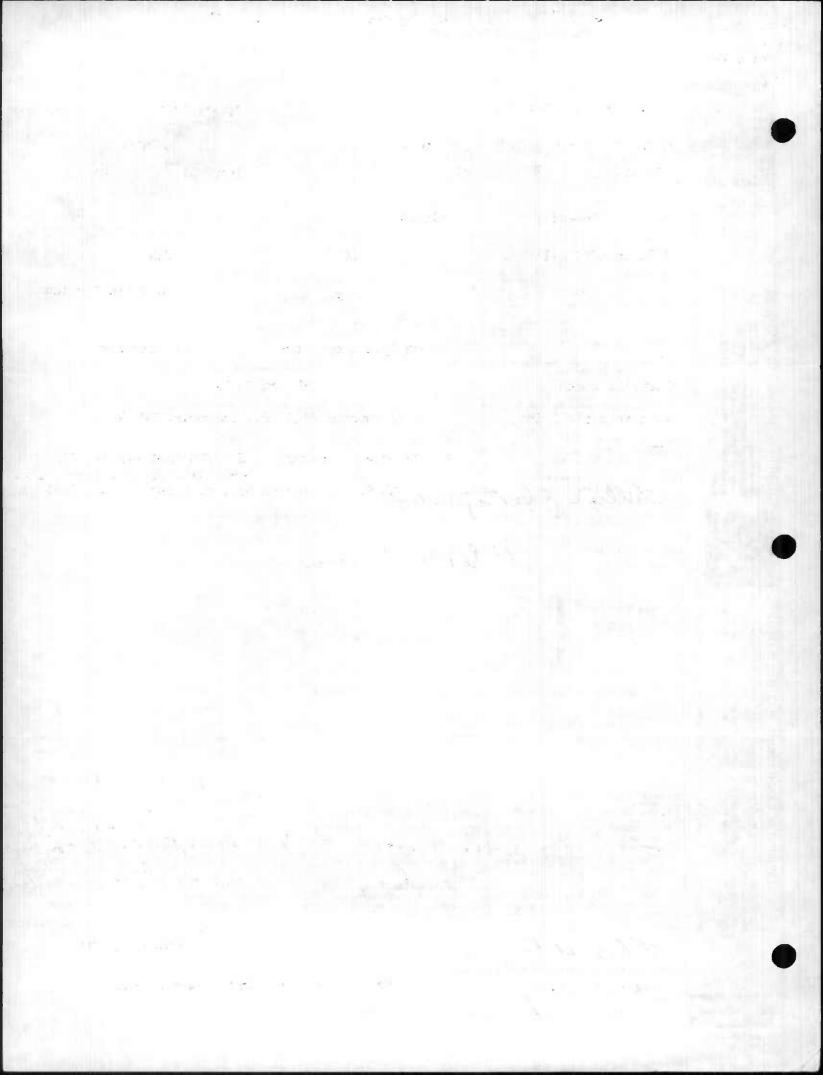
37. Registrar's Signature

38. Registrar's Signature

39. Registrar's

OCME

MARCH 07, 1998



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death SM1774 Month **Physician** MARCH /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Belvedore Ave. Battimor.

Belvedore Ave. Battimor.

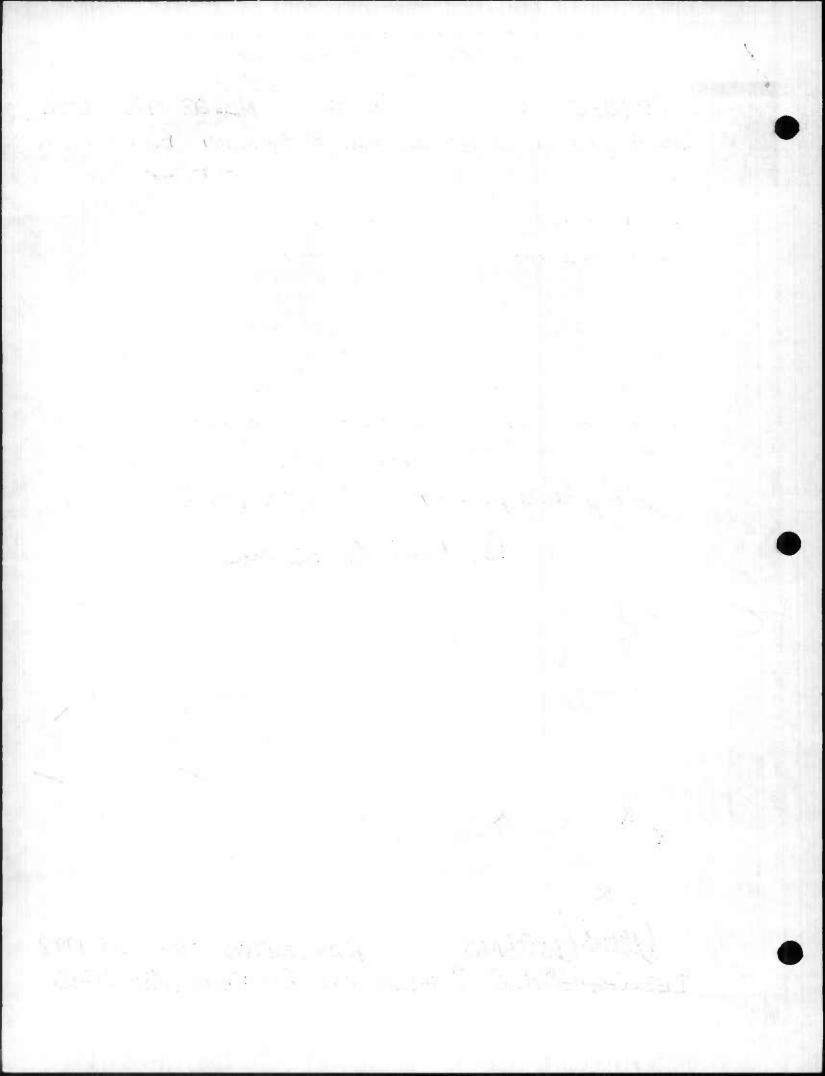
Bet birthday) H Under 1 Yaar H Under 24 Hrs.

Davs Hours Min. Examiner Baltimore MU timore 8. Data of Birth (Month, Day, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Fdreign Country) **Funeral** 1□ M 2⊠ F 220-52-4705 72 Yrs Director Maryland June Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Insida City Limits ahow 7 is marked other than "natural", or itams 23a or 28a-f ahov traumstic evant, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Baltimore Pikesville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 720 Cliffedge 21208 Road U.S.A. Funeral 12. Was Decedant Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Race - American Indian, Black, White, etc. 72 hours after 1 ☐ Yes 2 🛣 No If Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highest grada completed) pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If fem 27 is marked other than any injury or other traumatic avant Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Years Housewife Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be John Melvin Harmon Anna May Morris 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patrick L. Smith (Son) 8134 Township Drive Owings Mills, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ₺ Buriai 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Mem. Park 4/1/98 | Cockeysville, MD 21. Signature of Funaral Service Licenses 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23a. Fart 1. Enter the diseasa, or complications that causad the death. Do not entar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one causa on each line. Approximata Interval Batwe Onset and Death **Physician** /Medical Immediate Cause (Final Ur cinome disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) phys attending for use as Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 Yes 2 No 3 Probably Unknown Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? peen complation of causa of death? certificate has lirector, page 2: 1 Fres 2 □ No 1 Yas 20 No Division of Vital the Hospital or Attending Physician: hin 24 hours after death. director. 25. Was case rafarred to medical Be 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 5 Pending after death.

Director: After din by the fur 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be datarminad 3 Suicide 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 - Homleide within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a, Certifier 29b. Sign 29d. Date signed (Month, Day, Year) 29c. Licansa numbar Item 23a) (Typa, Print)

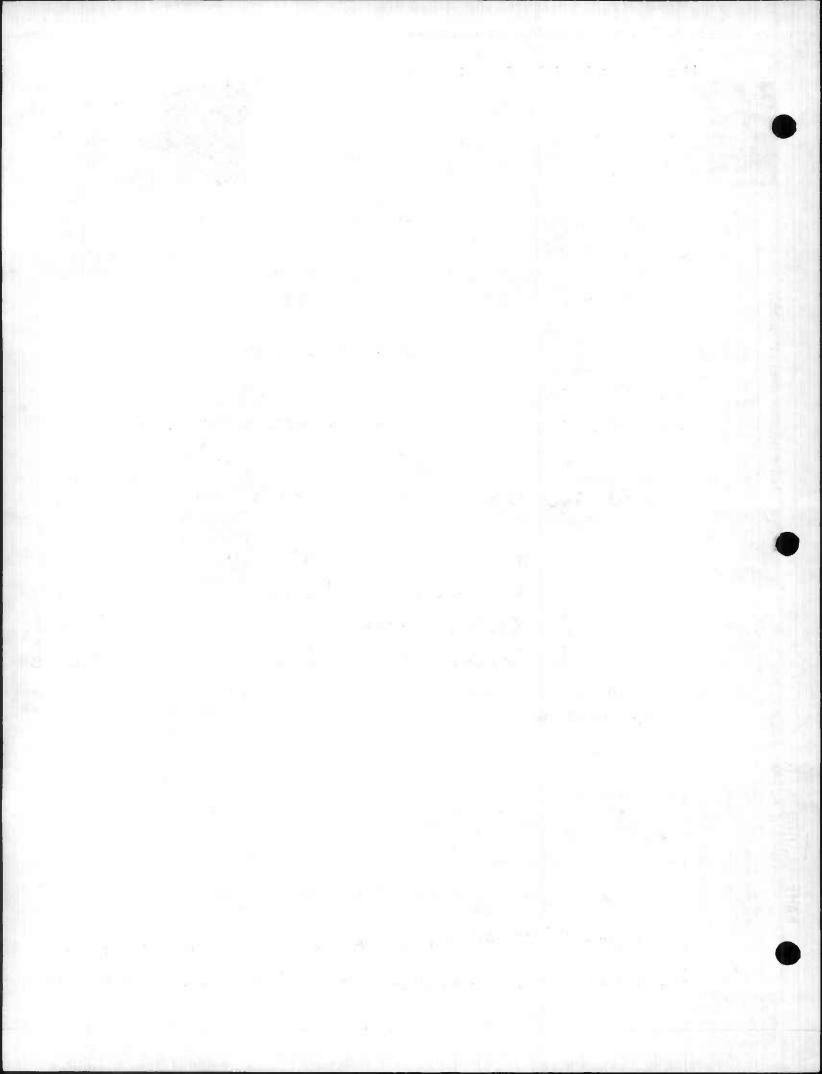
State Registrar

PITAL BALTIMORE, MD



State of Maryland / Department of Health and Mental Hygiene 8 19765

	I	tem 23b per PHY F		4-15-9	8 r Ge	rtificate of	Death	2. Date of De	Reg. No.	0.	3. Time	of Doeth
Physic		JAMES RICHARD SO						Month	Day	Year		
/Medi		4a. Facility Name (If not institution, give		arl			4h City Town	or Location of Deat	h 4c. Count	1998	8:4	2 1
Exami	ner	0 00 1-0	EALTH C	nDE			0.			TIMO	Dr (-171
Francisco I	-	5. Social Security Number 6. S		Age (In yrs. I	ast hirthday)	If Undar 1 Yaar	BALTIM If Under 24 H			-		or Fornia
Funeral Director			™ 2□ F	62	Yrs.	Months Days	Hours M	rs. 8. Date of Bir (Month, De NOV • 2			place (State otry) SYLVA	
and **		10a. State 10b. County		10c. City	, Town or Lo	ocation				1	Od. Inside (City Limit:
4 sh	ō	MARYLAND BALTIM	AGC.		CATO	NSVILLE						s 2 N
the 28s	Director	10e. Street and Number	<u> </u>		4110	10f. Zip Code			10g. Citizen of	What Cour		21
ith with the Marylan 23a or 28a-f show	ai Di	6036 CHESWORTH ROA	AD				21228			U.S		
items	Funeral	11. Marital Status	12. Was Deceder Armed Forces	nt Evar In U,S	S. 13.	Was Decedent of	Hispanic Orlgin?	(Specify Yes or No erto Ricen, etc.))- 14. Ra	ce - Americ		
within 72 hours after death with the Maryland ens. than "natural", or items 23s or 28s-f show the Medical Examinet must be notified at	by	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yas 2 If Yes, Give Year or Dates	₹No		1□ Yes 2 No		31.0011, 0.017	Specifi			
72 ho	ted	15. Decedent's Ed	ducetion		16a. Deced	dent's Usual Occu	pation	and think	16b. Kind of B	usiness/Inc	dustry	
thin and	ple	(Specify only highest gra Elementery/Secondary (0-12)	College (1-4o	or 5+)		dent's Usual Occu kind of work done DO NOT use retire						
filed with Hygiene. ort, the	Completed		4		MAIL :	BOX BUSI	NESS OWN	ER	RETAI	L		
d off	Be	17. Father's Nama (First, Middle, Last,)				18. Mother's N	ame (First, Middle	, Malden Sumei	m <i>e)</i>		
s 1 and 2 should be filed within 72 ho I health and Mental Hygiene. Item 27 Is marked other than "natur other traumatic event, the Medical	2	JOSEPH DANIEL SCO	PT		1		JUNE S	NEDEKER				
2 sh and is m		19e. Informant's Name/Relationship (Type, Print)		19b. Mailir	ng Address (Stree	t end Number or	Rural Route Numb	er, City or Town	, Stete, Zip	Code)	
other tr		AGNES SCOTT, WIFE		201 01				CATONSVI				28
00		20a. Method of Disposition 1 □ Burial 2 □ X Cramation 3 □ 4 □ Donation 5 □ Other (Specif		ta PALT	ace of Dispo m <i>etery, cre</i> n CIMORE	sition (Name of matory or other pla WASHING	rca) TON	3/29 / 98	20c. Location	,		
permit. Pag Department Important: B any Injury o		21. Signatura of Funaral Service Licer		CREP		2. Name and Addr	4 = 100	TTZKE FU	MEDAT. H	OMES	TNC	
Depari Impor any ir		Robert Them	- 32L		16	30 EDMON		NUE, CAT				
		23a. Part1. Enter the disease, or our shock, or heart failure. List only	plications that caus	ed the death							Approxima Interval Be	
Physician		shock, or heart failure. List only	one cause on each	iline.						1	Onset end	Death
/Medical		Immediate Cause (Final disease or condition	· ACUTS	E M	10000	0141	MFARC	5100		-	12 h	our
Examiner		resulting In death)	8. 1.1.VV		as a consec	quence of):	HALLICC	1/01/				
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and dram	хаш	Sequentially list conditions,	U,		as a conseq							
150		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	CARS	maig	10PA-	THY				1	5 m	snth
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nding use as	Me		d CORO	NAR	y AR	TERY	DISE	ASE			2 ye	AP-S
to the	Physician/M									1	1	
B = 2	ıysi	Part If. Other significant conditions of	ontributing to death	but not resu	iting in the u	nderlying cause gi	ven in Part I.	100	tobacco une co			
	by Ph	HYPERLIPHORM	PA					-168	Yes XXXXVo	3 Prol	bably 4] Unkno
been sign should be								24a. Was	an autopsy ormed?		ere eutopsy aliabla prior	
¥ 4 4	Completed							pen	Jilled I	CO	mpletion of deeth?	ceusa
(B) A	E							1 🗆	Yes 2 No	1 0	Yes 2	□ No
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B 0.2		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of fn (Month, D		28b. Time of Injury	28c. Inju Wo	ry at	28d. Describe	how Injury occu	rred		
Attending ir death. ector: Afte by the fund	atic	2 Accident investigation					Yes 2□No					
To the Hospital or Attendin within 24 hours sher death. To the Funeral Director: Ah completely filled in by the fur	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28a. Place of I	njury - At hor etc. (Specify)	me, farm, str	eet, factory, offica		28f. Location (City or To	Street and Num wn, Stete)	ber or Rura	i Routa Nu	m <i>ber</i> ,
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Fun Fun etsly	edicai	29a. Certifier (Check only one) Certifying Ph	ysician: To the bes niner: On the basis and manner:	of examination	nedge, death on and/or inv	estigetion, in my	me, date and pla opinion, death oc	ce, and due to the curred at the time,	ceuse(s) and m date and place,	enner es si and due to	teted. the ceuse	(s)
office of the of	Me	29b. Signature and title of certifiar	104			29c. Lican	sa number		29d. Date signe	ed (Month,	Day, Year)	
- 5 - 6		· Gonathan S	ayken my	D AT	TENDIN	G MARYL	AND DH	1711	MAD H	21		998
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12		30. Name and address of person who	M M M 2	TTTO	Wil V	ens Ave	NUE SOL	TE 300 B	ALTIMORE	MARY	LAND :	2122
Sta	te	31. Date filed (Month, Dey, Year)	32. Regit	relia Du	Ho-							
Registr		MAR 3 0 19	998	whise Day	4dson-1	andell						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day MUCK Muc 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Northwest Hospital Randallstown Baltimore If Under 1 Year 7. Age (in yrs. iast birthday) If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Deys 1 M 2 □ F Yrs 217-12-6746 74 7/26/1923 MD. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Baltimore Woodlawn 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1918 Woodlawn Drive U.S.A. 21207 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Dates: 1 Never Married 2 X Married 1 ☐ Yes 2 ☐No Specify: white 3 Widowed 4 Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore Co. Roads. Elementary/Secondary (0-12) College (1-4or 5+) laborer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) John A. Smuck Marv O'Brien 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 10 E. Baltimore St., Suite 1600, Balt., MD. 21202 Casey Parson, Attorney 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other piaca) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 3/30/98 Baltimore, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Witzke Funeral HOmes, Inc. Kemme 1630 Edmondson Ave., Catonsville, Md. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. 21228 Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieled events resulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 Jonknown Libillation 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 1 ☐ Yes 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

permit. Pages 1 end 2: Department of Health a Important: If item 27 is any injury or other traugues.

Physician

/Medicai

Examiner

Funeral

Director

28a-f show

238

death

Pages 1 end 2 should be filed within 72 hours efter on nant of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural; or Ite!

al Hygiene.

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be P

traumatic event, the Medical Examiner must be notified at

or Attending Physician: The law requires that the death certibeen signed by should be detec has this certificate

After

death.

To the Hospital within 24 hours a To the Funeral C

P.O. Box

Division of Vital Records.

Examiner Physician/Medical by Completed Be funeral hours after death. uneral Director: A sly filled in by the fo

Medical Certification: To

25. Was case referred to medical examiner? 1 Yes 2 No

> 1 Netural 2 Accident 3 Suicide 4 Homicide

27. Manne of Death

29a, Certifier (Check only one)

30. Name end

5 Pending investigation

6 Could not be determined

Hospital:

Date of Injury (Month, Dey Year)

28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28c. Injury at Work?

1 Yes 2 No 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

26. Place of Death (Check only one)

28f. Location (Street and Number or Rurel Route Number, City or Town, State) 1 Gertifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) and manner as steled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated.

28d. Describe how injury occurred

29b. Signature a

oreland

29c. License number use of death (Item 23a) (Type, Print)

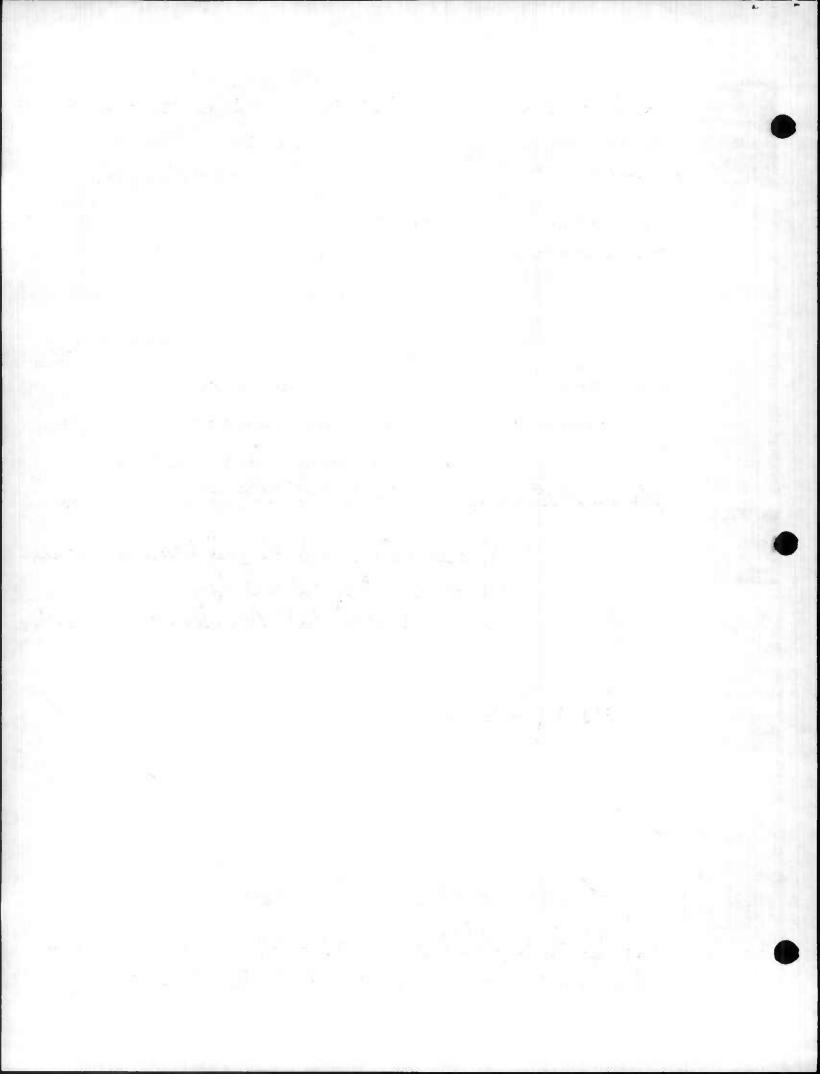
MO 5310 OTT Guit Road 29d. Date signed (Month, Day, Year)

31. Dete filed (Month, Day, State

MAR 3 0 1998

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

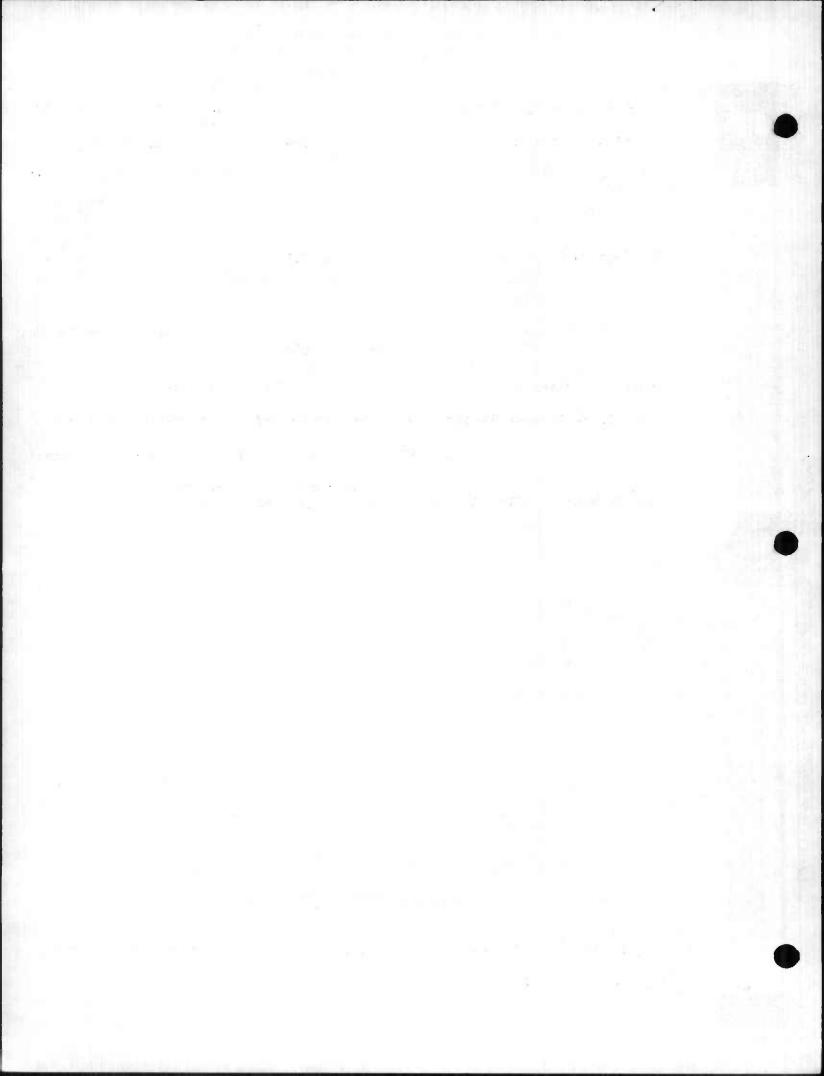
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0		30. Name and eddress of person w				7377	DV DD	MTWONT.	1714 175	2100	2.2
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Regist		MAR 3 0 199	8 Julias	avidson-	Randall						

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

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by Fu	١.	1 Never Merried 2 Merried 3 Widowed 4 Divorced	If Yes, Give	1 Tyes 2 No			ent of Hispenic Origin? (Specify Yes or No- fry Cuben, Mexican, Puerio Rican, etc.)			Bleck, White, etc. Specify: White		
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et tre	1	Mr. Russell M.	Timmons (Fa	ather)	1715	Greens	spring Drive, Luthervi			ille, Maryland		
Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be not not as once. To Be Completed by Funeral Director	2	0e. Method of Disposition		20b. F	Plece of Dispositi	ion (Neme of	200	Dete	20c. Location	- City or Town, St	ete	
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David Timmins



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death per FH G757 3/30/98 EW 1. Decedent's Name (First, Middla, Lest) 2. Date of Deeth HOMAS Month **Physician** /Medical 4e. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BON SEC BALTIMORE NA OURS OSPITAI If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 12 - 06 - 09 5. Social Sacurity Number If Undar 1 Year # Say 7. Age (In yrs. last birthday) Birthpleca (Stete or Foraign Country) **Funeral** 1 M 2 □ F Months Days 217-03-6828 88 Yrs. 90 Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23e or 28e-f show BALTIMORE 1 Yes 2 No NIA Director the 10g. Citizen of What Country? 10e. Street and Number 10f. Zlp Code with STREET 110 S 21223 ATHERINE USA Funeral death r than "netural", or items the Medical Examples its 12. Was Dacedent Evar in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours effer 1 ☐ Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify Specify: by 3 Widowed 4 □ Divorcad BLACK Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) NA i. Peges 1 and 2 should be filed wi tment of Health and Mentel Hygien tant: If Item 27 Is marked other th ijury or other traumatic event, the 10 TH GRADE LABORER 700D altimore, Maryland 17. Fethar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 1)AVIS ANNIE ODUL HOMAS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) COLES CELESTINE NIECE STREET, 2013 BALTO MD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removei from State permit. Pege Department of Important: If eny injury or 30.98 4 ☐ Donation 5 ☐ Other (Specify) AUBURN CEMETERY 21. Signature of Funeral Service Licensee 22. Name end Address of Fecili C. GREENE FUNERAL SERVICE VAUGHN 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. BALTO. 21229 Approximate Interval Between Orisat and Death Physician elle /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medicai Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest P.O. Box 68780 the Due to (or as a consequence of): The law requires that the deeth certificate use es for Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 3 1 Yes 2 No 3 □ Probably 4 □ Unknown Records, þ 8 24b. Were eutopsy findings evailable prior to page 2 should Completed 24a. Was an eutopsy performed? peen completion of causa of death? certificate hes 1 Yes 2 No 1 ☐ Yas 2 ☐ No Vital or Attending Physician: director. Be 25. Wes case referred in medical 26. Piace of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA of this the funeral 27. Manner of Death 28e. Dete of Injury (Month, Dey Yeer) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Division 5 Pending investigation **→** Natural death. 1 ☐ Yes 2 ☐ No 2 Accident s effer death 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital within 24 hours e To the Funeral Completely filled Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end placa, end due to the cause(s) end manner as stated.

| Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, end due to the cause(s) and manner stated. 29a. Certifier Medical (Check only onel 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) Frederick POSD, Your)

DHMH 16 Rev 6/95

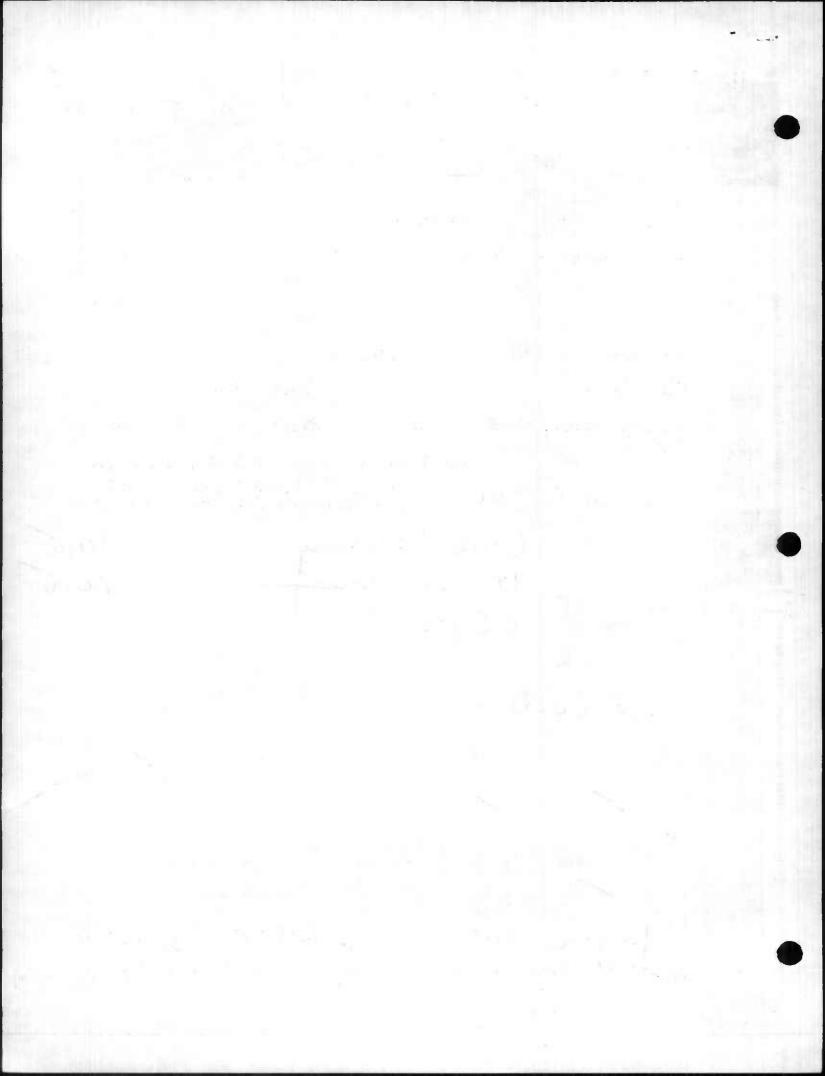
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Registrar

31. Date file

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Leslie Wilford Theis 2:40 A.M. 28 1998 March /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Neme (If not institution, give street end number) Examiner Randallstown Baltimore Genesis Elder Care If Under 24 Hrs. Hours Min. H Under 1 Year 9. Birthplece (Stete or Foreign Country) Baltimore, Md. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2 F 212-42-3595 53 Yrs Director Nov. 22, 1944 Usual Residence of Decedent with the Meryland 10c. City, Town or Location 10d. Inside City Limits 10e. Stete r 28a-1 show Woodlawn Maryland Baltimore 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or itema 23a or odical Examiner must be 7038 Windsor Mill Road 21207 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygione. Important: If item 27 is marked other than "natural", or itema 23a any injury or other traumatic event, the Medical Example Transportant. Funeral 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritei Stetus Never Merried 2 Married 1 Yes 2 No if Yes, Give Yeer or Dates: Specify: White 1 Ves 2XNo Specify: p 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Electrician Contracting 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Leslie Wilford Theis Jean Silver 19a. informent's Neme/Reletionship (Type, Print) 19b. Maliing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joyce Gail Cox (Sister) 8334 B & A Boulevard, Pasadena, Md. 21122 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burlei 2 🗷 Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Washington Crem 3/29/98 Laurel, Maryland 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Loring Byers Funeral Directors Inc. entuis 23å. Pert1. Enter til diseese, or complications the ceused the death. Do not enter the mode of dying, such es cerdiec or respiretory errest shock, or heart failure. List only one ceuse on each line. 8728 Liberty Rd. Randallstown, Md. 21133 Approximete Intervel Between Onset end Deeth m Hod gkin's Gus phomos Physician immediete Ceuse (Finei diseese or condition resulting In deeth) /Medical Examiner Due to (or es e consequence of): Very driple 9/9 Due to (or es e consequence of): Very weight less Examir Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Tevaro Physician/Medical 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown B þ 24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed page 2 1 🗆 Yes 2 1 NO 1 ☐ Yes 2 ☐ Ho certificate 25. Wes cese referred to medicel exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 Yes 2 Ho 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA # 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b Time of 28c. Injury et Work? Certification: Affort or Attending 1 Waturei 5 Pending Investigation 1 Tyes 2 No 2 ☐ Accident after deat Director: 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 I Homicide Funaral edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 80 To the 7 within 2 To the 9

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68789

Registrar

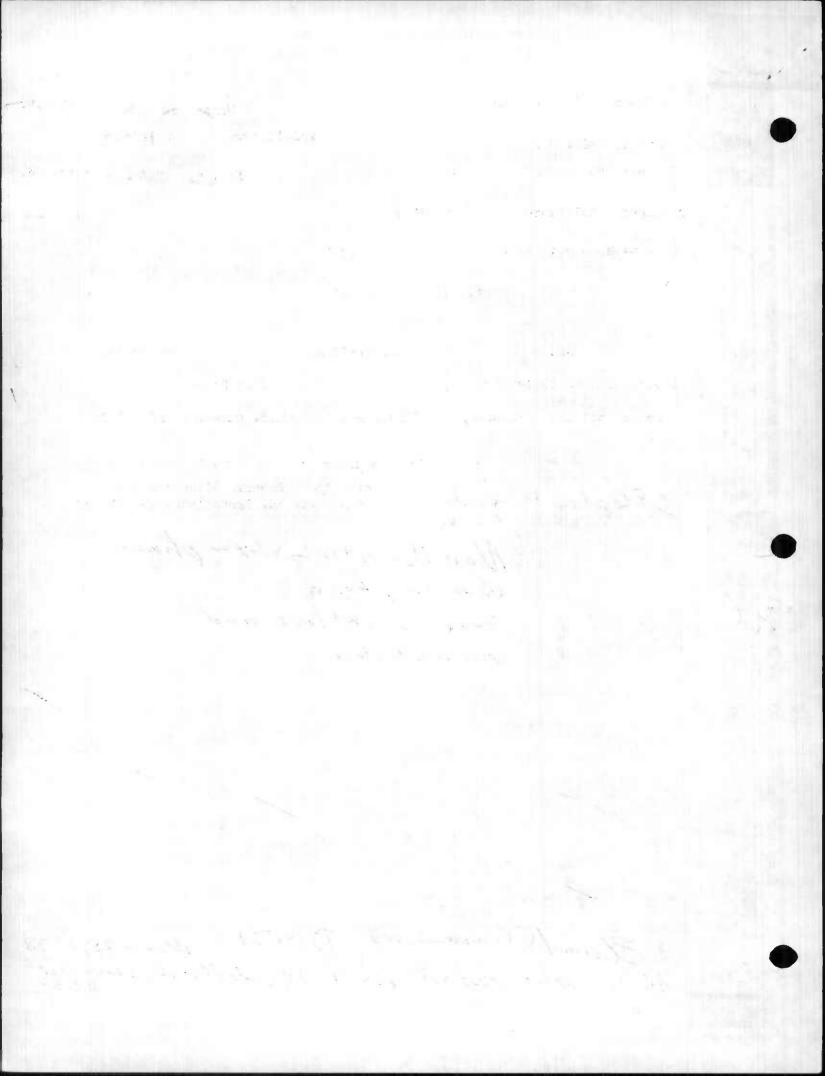
29b. Signeture end title of certifier

mail Nandallstown, many land LUCLTY DUM SA State of the State

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

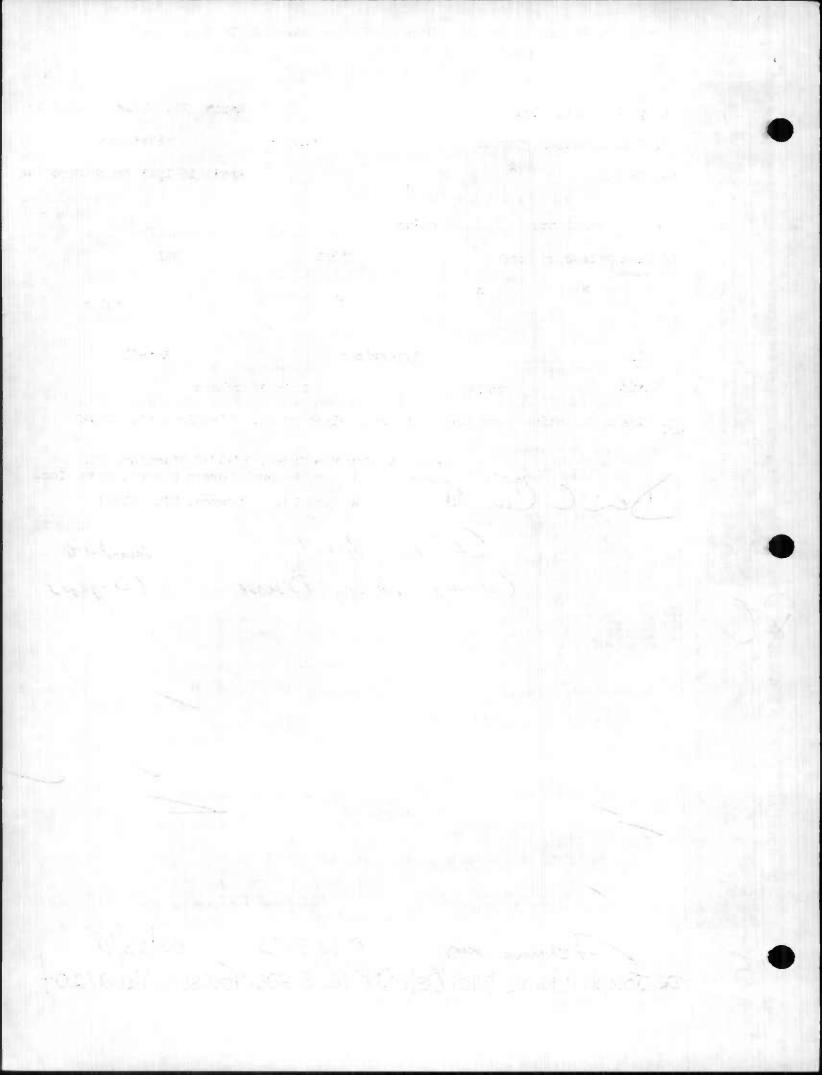
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29d. Date signed (Month, Dey, Yeer)



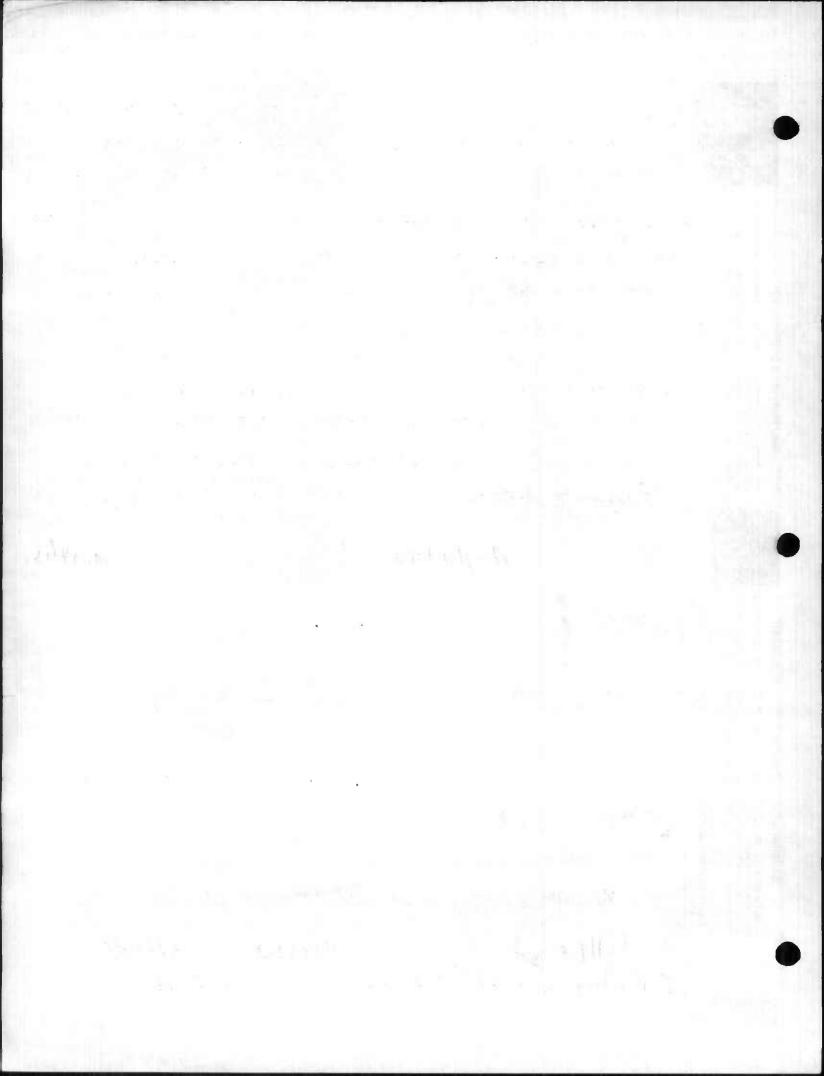
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Baltimore,	000		20a. Mathod of Disposition XXBurial 2 Cramation 4 Donation 5 Other		noval from State	20b. Place of Disposition (Nama of cematary, crematory or other place) Union Cemetery 3/2								City or Tov		
Dall	permit. Peg Department Important: I any injury o		21. Signetura of Funaral Service	Licensaa	ota			22. Nama	and Addra	ss of Facility Co	olonial ry Roa	F.	н. с	of Le	eesbu	ırg VA
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DIVISION	of or Attendia effer death. Director: A d in by the fu	Certification:	3 ☐ Suicida 6 ☐ Coul-	not ba mined	28a. Piace of in building, a	njury - At ho	ma, fam	n, straat, fact	ory, office		28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)				nber,	
	To the Hospital or / within 24 hours effer To the Funeral Director Completely filled in b	edicai C	29a. Cartifiar (Check only one) Certify Medica	ing Physici I Examiner	an: To tha bes	of axaminat	wledga, ion and/	daeth occurre or invastigation	d at tha tir	na, data and plac pinlon, daath occ	e, and dua to tha urred at tha tima,	causa(data a	s) and ma nd place,	nnar as sta and dua to	ited. tha ceusa(s	5)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month March Robert Sidney ARMSTRONG /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Washington County Hospital Hagerstown Washington | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Min. | March | 8 6. Sex 1 2 M 2 □ F 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Yrs Director 66 220-26-5159 Maryland Usuel Residence of Decadent with the Manylend 10e Stete 10b. Count 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylen Department of Health and Mental Hygione. Important: If item 27 is marked other than "natural", or Itema 23a or 28a-4 show any Injury or other than the Tay Injury or purplied as any Injury or other that unatic event, the Mod as Examine man to notified as any Injury or purplied as 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Boonsboro Maryland Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Funeral 18506 Lappans Road 21713 U.S.A. 12. Was Decedent Ever in U,S.
Armed Forces?
1 □X/ves 2 □ No
1 Yes, Give
Yeer or Detes: Korean 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ANo Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorcad White Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 0-9 Railroad Conductor 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 10 Irene Good John Armstrong 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Boonsboro, Maryland 21713 18506 Lappans Road Mabel R. Armstrong - Wife 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery 3-18-98 Hagerstown, Maryland 22 Name end Address of Fecility Minnich Funeral Home 21. Signeture of Funerel Service Licanses Hagerstown, Md. 21740 E. Wilson Blvd. 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner burial-transit pue Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that inflieted events resulting in deeth) Lest Due to (or es e consequence of) physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): 98 dateched for Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uee contribute to the cause of death? the ata has been signed by paga 2 should be dated 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? this certificata 1 Yes 2 PNG 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Lo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No funerel 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? Affer 1 Naturel 5 Pending within 24 hours eftar death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) in by 4 - Homicide 29a, Certifie 🛩 certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner as steted. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

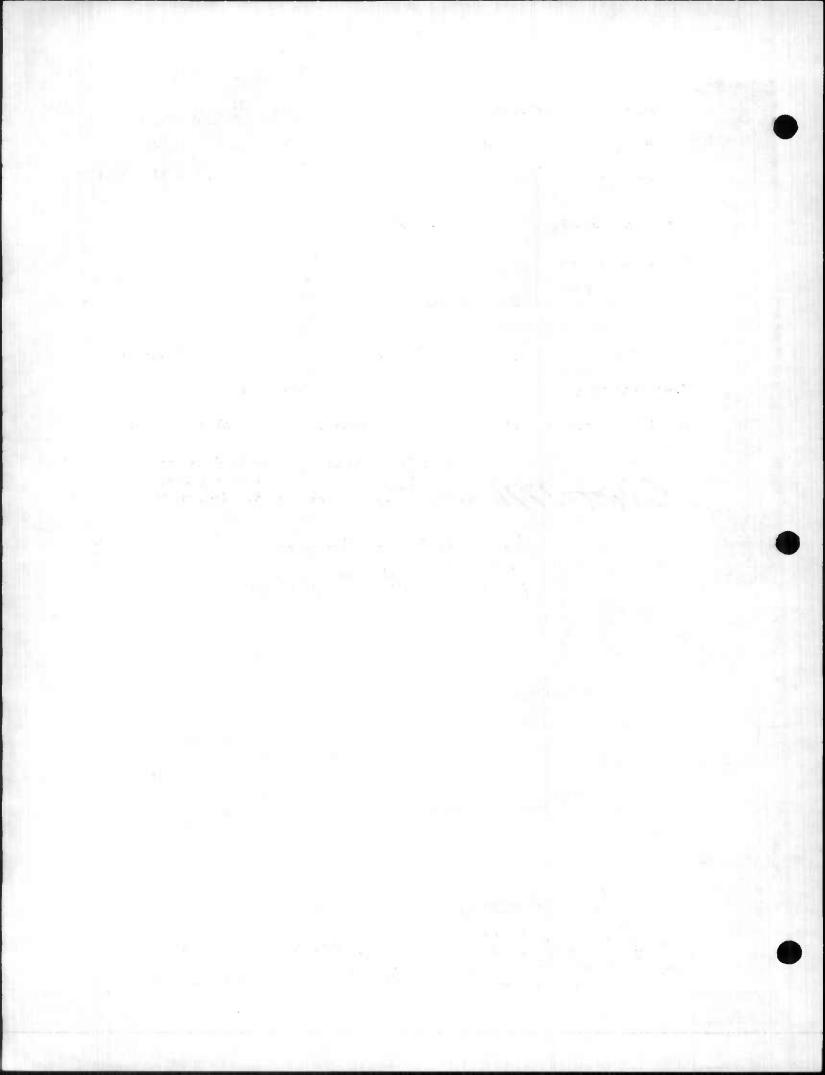
npleted cause of deeth (Item 23e) (Type, Print)

32. Registrer's Signature

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State Registrar 30. Neme and eddress of person

31. Dete filed (Month, Dey, Yeer)

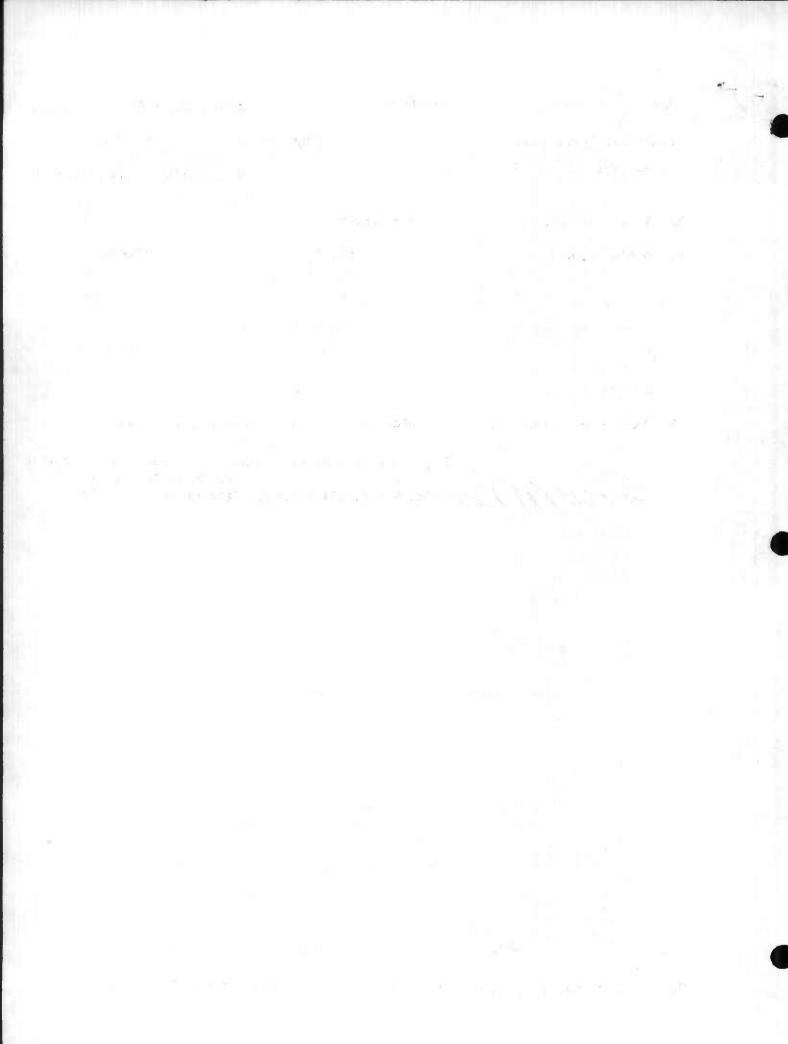


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'e Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month Day BASTIAN March 16, nmn 1998 5:00AM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 20820 Old Forge Road Washington Hagerstown 5. Social Security Number If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Fullera 1□ M 2⊠ F 89 Yrs Director 219-35-4726 Dec.29,1908 Czechoslovakia Usuai Residence of Decedent with the Maryland 10a State 10h Counts 10c. City, Town or Location permit. Pagas 1 and 2 should be filed within 72 hours eftar death with the Marylan Department of Heelih and Mental Hygiona. Important: if Item 27 is marked other than "natural", or Item 27 is narked other than "natural", or Item 27 is narked other than "natural", or Item 27 is narked other than "natural". 10d. Inside City Limits 1 ☐ Yes 28 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10c. Citizen of What Country? 21742 **GERMANY** 20820 Old Forge Road Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Black, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 21 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No P Specify: white 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) housewife her own home 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) Be Franz Kumpf 0 Karolina Versa 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ursula Sekula - Daughter 20820 Old Forge Road Hagerstown, Maryland 21742 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown Crematory Hagerstown, Maryland 3 + 18 - 98wame and Address of Fecility 21. Signeture of Funeral Service License MINNICH FUNERAL HOME 🔱 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Arteriosclerotic Cardio Vascular Disease years Examiner Due to (or as a consequence of): Examiner attending physician and for use as the bunal-transit that the death certificate be axecuted Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or trijury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peen The law has **page 2** cartificate 1 ☐ Yas 2 No 1 □ Yes 2 □ No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director; After this cartifics 25. Was case refarred to medical Be 26. Place of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA funaraí 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 X Xiatural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homleide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Leadical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie Medical within 2 To the To the 29b, Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 0 D01062 March 17, 1998 30. Name and address of person who completed causa of daath (Item 23a) (Type, Print) Edward W. Ditto, III, 217 W. Washington St. Hagerstown, MD M.D. 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State relia Tavidson-Randale Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** JAMES WILLIAM BAKER Migneh /Medical 4e. Feclity Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington H Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. No v ember 2, 1932 If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 1⊠M 2□ F 65 Yrs. 217-28-7050 Director Maryland Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, tre Med cal Experient must be notified at Maryland Washington 1X Yes 2 No Hagerstown Director 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 55 East Washington Street 21740 U.S.A. Funeral filed within 72 hours after deeth 12. Wes Decedent Ever In U.S. Armed Forces? 14. Reca - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) I ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Etementary/Secondery (0-12) Coltege (1-4or 5+) Truck Garage Mechanic 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) . Peges 1 and 2 should be file thent of Health end Mental Hy tant: If item 27 is marked oth Be William R. Baker Sadie 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) or other tra Sheila J. Domer 11102 Lakeside Drive, Hagerstown, Maryland 21740 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Department of Important: If any Injury or once. Smithsburg, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Smithsburg Crematorium 03-09-98 21. Signeture of Funerel Servica Licenses 22. Name end Address of Facility Andrew K. Coffman Funeral Home, Inc. K. noel 40 East Antietam Street, Hagerstown, Md. 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete tntervat Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in deeth) 30 punion Examiner Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or trijury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 12 Yes 2 No 3 Probably 4 Unknown des þ 24b. Were eutopsy findings eveilable prior to completion of ceuse of death? Completed 24a. Was en eutopsy performed? hes 1 Yes 2 No 1 □Yes 2 □ No this certificate filled in by the funerel director, 25. Was case referred to medicat Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No s efter death. 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital or To the Hospital
within 24 hours of
To the Funeral C 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

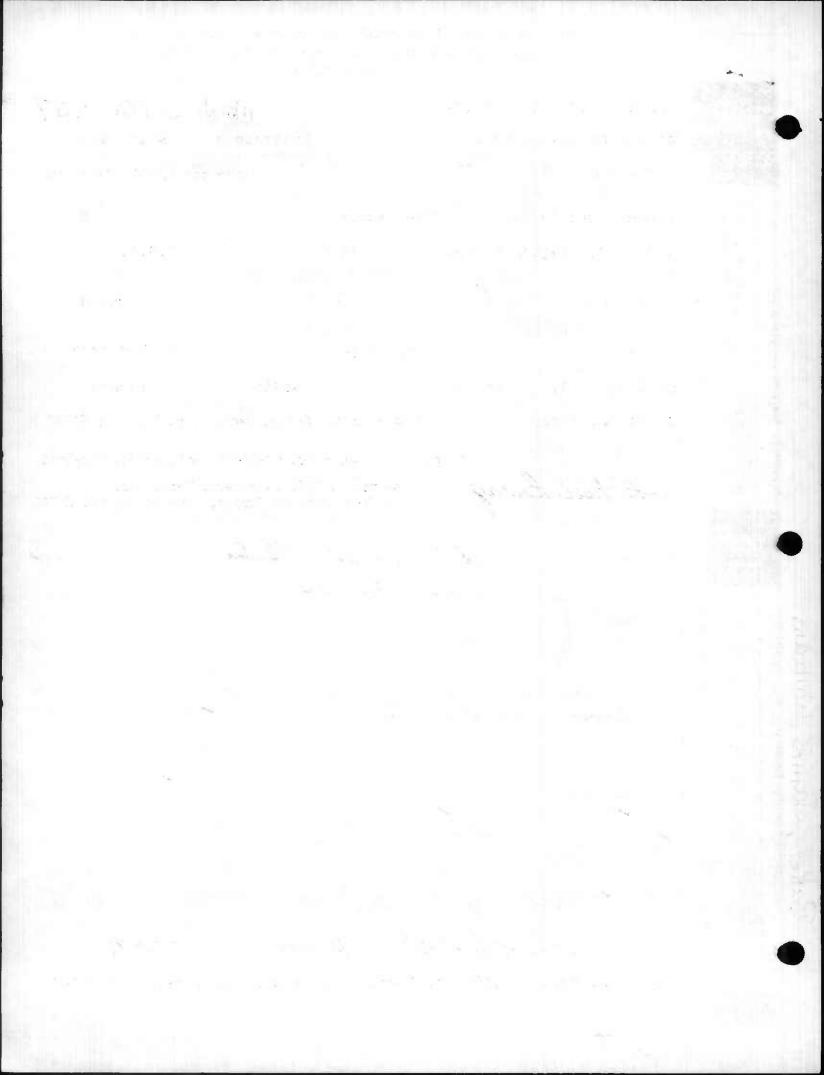
2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end manner steted. 29a. Certifier 29b. Signeture end fitle of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (ttem 23e) (Type, Print) Edson B. Moody 1190 Mt. Aetna Road, Hagerstown, Maryland 21740

State Registrar

31. Date filed (Month, Dey, Yeer) MAR 1 0 1998

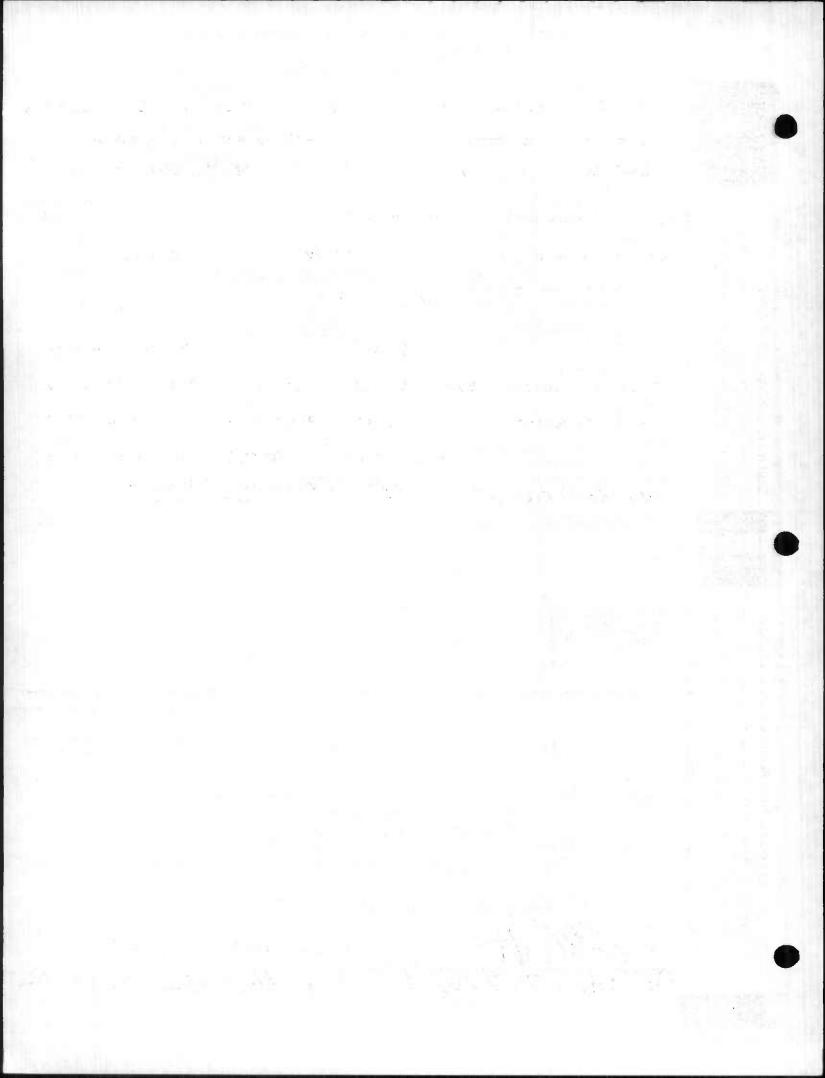


William



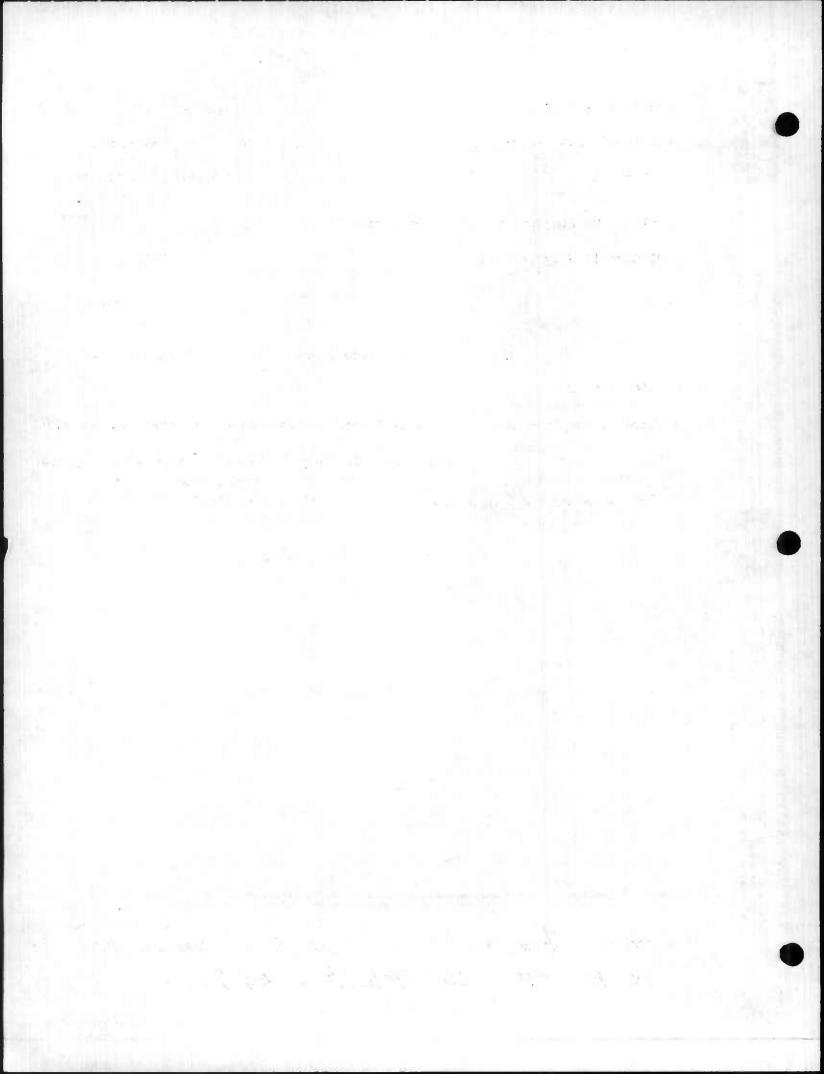
State of Maryland / Department of Health and Mental Hygiene 8 09776

					Ce	ertificate of	Death		Reg. No.				
			1. Decedant's Name (First, Middla, I	ast)		· · · · · · · · · · · · · · · · · · ·		2. Data of De	eath		3. Tima of Death		
	Physic /Medi		RICHARD	WATSON	BOMBERG	GER JR	}.	March	6, Day 1	.998	2:55 P.M.		
	Exami		4a. Fecility Neme (If not Institution, g	ive street end number)				, or Location of Deat		ounty of Death			
			Homewood Retire	ement Cente	er			iamsport	5 1	Washir	ngton		
	Funeral Director		5. Social Security Number 6. 562 - 36 - 7765	Sax 7. Ag	ge (In yrs. last birthday 70 Yrs.	Months Deys		Min. June 1	rth 1, ^{Ye} 1 92	9. Birth	place (State or Foreign "Yland		
	Maryland f ahow	or	Usuai Rasidence of Decedani 10a. Stata 10b. County Maryland Wash	ington	10c. City, Town or L	Location					10d. Inside City Limits 1 □ Yes 2 🕅 No		
	the	Director	10e. Streei and Number			10f, Zip Coda			10g. Citizar	n of Whai Cou	ntry?		
	3a or	O	18911 Waldron	Place			742			S.A.			
	deati	ner	11. Marital Status	12. Wes Decedani Armed Forcas?	Evar in U,S. 13.	. Wes Dacedent of	Hispenic Origin	? (Specify Yes or No Puerto Rican, etc.)	p- 14.	Race - Amari			
Maryland 21215-0020	be filed within 72 hours effer death with the Maryland na! Hygiena. Id other than "natural", or Nems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	1 ☐ Nevar Marriad 2 ☐ (Married 3 ☐ Widowed 4 ☐ Divorced	1 ⊠ Yas 2□	1950-1974	1□Yas 2DNo	Specify:			Black, Whita, etc. Pocify: White			
5-0	72 h	etec	15. Decedant's (Specify only highast g	Education rada completed)	16a. Deci (Giv	edant's Usual Occu re kind of work done DO NOT usa ratin	pation a during most of	f working	16b. Kind	b. Kind of Business/Industry			
121	filed within Hygiena. ther than "	Completed	Elementary/Secondary (0-12)	Collega (1-4or		DO NOT usa ratin fficer	ed)		Unite	ed Stat	es Army		
d 2	Hygie ther int, II		17. Fathar's Nama (First, Middla, Las	6			18. Mothar's	Nama (First, Middla			712,		
lan	d be ental ced o	o Be			Bomberge:	r Sr.		arine	Down	E NO A	chnebly		
ary	d 2 should be filed w th and Mental Hygien 7 Is marked other th traumatic event, the	T ₀	19a. Informant'a Neme/Ralationship				et and Number o	or Rural Route Numb	per, City or T	own, Stata, Zij	o Code)		
	2 E E		Sarah S. Bomberger 18911 Waldron Place, Hagerstown, Maryland 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Dete 20c. Location - City or To										
altimore,	Pages 1 and ent of Haalt nt: If Item 2 ry or other		20a. Mathod of Disposition 1		20c. Location - City or Town, State Boonsboro, Maryland								
Balti	permit. Pages 'Department of Himportant: If ite any injury or of page.		21. Signature of Funeral Service Lio					n Funeral			M-I 04740		
			23a. Part1. Entar tha disaasa, or co shock, or haart failura. List onl	molications that caused						stown,	Md. 21740		
	Physician /Medicai Examiner	J.	Immediata Cause (Finai disease or condition rasulting in daath)	a. A	Dua to (or as a conse	de c		xxsect		rier	Approximate interval Between Onsat and Death		
ox 68760,	rentificate be assecuted inding physician end use as the buriel-transit.	n/Medical Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Dua to (or as a conse								
Bo	the attand	Physician	Part II. Other significant conditions	contributing to death b	ut not rasulting in tha	undarlving causa g	ivan in Pert I.	23b. Dld	1obacco us	e contribute t	o the ceuse of death?		
P.0	hat the de ad by the detached	Phy	E) con	-	110-6X	and	1	1	Yes 2		bably 4 Unknown		
	es the	by	Enphreux.	^	inte	1	(/ ()	(
Vital Records,	ie law requires that the death has been signed by the attat ge 2 should be detached for i	Completed	Cora ofer	lime	Deck	eto re	eletre	24a. Was	an autopsy ormed?	av	fare autopsy findings vailable prior to empletion of cause death?		
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Vita	ysician: The is certificate director, pag	Be	25. Was casa rafarred to madical axaminar?	Hamilah				Death (Check only	ona)				
of	this aldi	2	1 Yes 2√No	Hospitel: 1 Inpatia		ent 3L DOA	-	ng Home 5□ Res			fy)		
		lon	27. Mannar of Death 1 ✓ Natural 5 ☐ Panding	28a. Data of Inju (Month, Da	y Year) 28b. Time Injury	We	uryat ork?]Yas 2 ∐ No	28d. Dascribe	now injury o	ccurred			
Sic	Attending or deeth. ector: Afte by the fune	cat	2 Accidant invastigati 3 Sulcida 6 Could not	be One Disco of to:	ury - At homa, farm, s				(Street and N	lumber or Ru	al Route Number,		
Division	or Attendate after deet Director:	Certification:	4 ☐ Homicida datarmine	building, at	c. (Spacify)	meat, rectory, office	,		wn, Stata)	511251 01 1151	an roote panison,		
	Hospita 4 hours Funeral tely filled	edicai C	29a. Certifier (Check only one) 1 Certifying F	hysician: To the best iminer: On the basis of and mannar st	f axamination and/or li	th occurred at tha t nvestigation, in my	ima, data and p opinion, death	place, and dua to that occurred at tha time,	causa(s) an date and pi	d mannar as a ace, and due t	stated. o tha cause(s)		
	To the within 2 To the comple	Me	29b. Signature and title of elictified	W VI		29c. Lican	isa number	C- C	29d. Data s	igned (Month,	Day, Year)		
			100	AL		D	260	706	31	7/8			
			30. Name and askinss of person who	completed causa of d	laath (Itam 23a) (Type	o, Print)		11.	1	10.1	12/20		
			Mr. But	14	10/14	my 4	ro	ixegers	reari	in	14/14		
	Sta Registi		31. Date MAR 100 1998	22 Floois	ividson—Handa	02							



State of Maryland / Department of Health and Mental Hygiene Q

					C	ertifica	ate of	Death		Reg. No.) ()	3/1/	
Physic	an	Decedant's Name (First, Mid	dle, Last)						2. Dale of Dea	ath Day	Yeer	3. Time of Death	
/Medi		John Henry BU							March	6, 199		8:00 AM	
Exami	ner	4a. Facility Name (If not instituti							Location of Death	4c. County	of Death		
		Ravenwood Lu 5. Sociel Security Number				s 16 Lbs.	der 1 Yeer	Hagerst if Under 24 Hrs				ington	
Funeral Director		214-09-9505 Usual Residence of Dacedent	6. Sex 1 M M 2 □ F	7. Age (In yr.	Yrs.	Month		Hours Min			9. Birthple Counti Mary 1	ace (State or Foreign y) and	
death with the Maryland ms 23a or 28a-f show mat be notified		10a. State 10b. Coun	ty	10c. C	City, Town or	Location			10d. Inside City				
the Man	ctor	Maryland Was	hington		Ная	erst	own					1 Yes 2□No	
or 28	Director	10e. Street and Number				10f.	Zip Code			10g. Citizen of \	What Countr	y?	
23a		1201 Carroll	Heights Bl	vd.			21	742		U.S	.A.		
20 after or ite	by Funeral	11. Maritel Stetus 1 Never Married 2 Ma 3 Widowed 4 Divorce	If Yes Giv	rces? 2√ No	U,S. 1:		cedent of F pecify Cub		Specify Yes or No- to Rican, etc.)	14. Rac Bled Specify	e - Americe ck, White, e		
15-00; 72 hours "natural",		15. Dacede	ent's Education		16a. Dec	cedent's U	sual Occup	pation		16b. Kind of B			
T 8 24	Be Completed	(Specify only high Elamentary/Secondary (0-12)	est grade completed) College (1	-40r 5+)	(Gi	ve kind of . DO NOT	work dona usa retire	pation during most of wo d)	orking			,	
d 212 liled with Hygiene. Hygiene.	Con	9	0		I	eliv	ery P	erson		Milk D	istril	outor	
Note, Maryland 2 ges 1 end 2 should be liled vit of Heelih end Mental Hygie lif item 27 is marked other to or other traumatic event, to	Be	17. Fether's Name (First, Middle							me (First, Middle,	Maiden Suman	7a)		
arylan should be and Mental marked o	T 0	William Burge						Belle					
Mar 2 sh end is m		19a. Informant's Name/Ralation	nship (Type, Print)		19b. Ma	iling Addre	ess (Street	and Number or R	ural Route Numbe	r, Clty or Town,	State, Zip (2ode)	
1 end 1 Heelth em 27 inther tra		Richard T. Bu	rger - Son	- COOL				Heights				Md. 21742	
Baltimore, semit. Peges 1 e Separtment of Hee mportant: If Nem ny Injury or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □Removal from 3	State 200.	Place of Dis cametery, ca	rematory o	r other pla	- 1	Date	20c. Location -	City or Tow	n, State	
Iting it. Pertant:		4 Donation 5 □Other (I	Rest H				3-9-98 I	Hagersto	own, M	laryland	
Baltimore, N permit. Pages 1 and Department of Health Important: If item 27 any Injury or other transports.		21. Signature of Furreral Service	e Licensee		a				innich Fu d. Hage			21740	
Physician /Medical Examiner		23a. Part1. Enter the disease of shock, or heart failure. List immediate Cause (Final disease or condition resulting in death)	at only one cause on e	Mus to	or as a cons			r dis		rest,		Approximate Interval Between Onset and Deeth	
ords, P.O. Box 68760, requires that the death certificate be executed seen signed by the ettending physician and hould be deteched for use as the buriel-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	{	Due to (OLG M for as a cons WOLA or as a cong	equence q	us ifico	esig					
O. E deal the ett hed fo	Physiclan/	Pert II. Other significent condit	lons contributing to de	ath but not re	sulting In the	underlying	g cause giv	ren in Part I.	23b, Dld t	obecco use co	peribute to t	he cause of death?	
ds, P.O. Box iries thet the death cer signed by the ettendin d be deteched for use	by Phy	Syperteusi	on						101	08 2 No	3 ☐ Probe	bly 4 Unknow	
2 s S	Completed	7							24a. Was a perfor		avail	e autopsy findings lable prior to pletion of ceuse seth?	
f Vital Rystcian: The last certificate he director, page	S								1 🗆 Y	es 2 No	10	Yes 2□ No	
Vital I	Be	25. Was case raferred to make axaminer?	Hospital:				100		ath (Check only or	10)			
0 5 5 8	5 T	1 Yes 2 1 No 27. Manner of Death	1 L Ir		ER/Outpati			4 ET Nursing I	lome 5 Resid				
On Ol ding Phy h. After thi funeral	- Lo	1 ☐Natural 5 ☐ Pendi	119	h, Day Year)	28b. Time Injury		28c. Injur Wor		28d. Describe h	ow injury occur	ed		
VISION Attender deat deat by the	Certification:	2 Accident Invest 3 Suicide 6 Could 4 Homicide deter	nined 266. Place	of Injury - At I	nome, farm, s	M street, facto		Yes 2 □ No	28f. Location (S City or Tow	treet and Numb n, State)	er or Rural i	Route Number,	
Di To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical (29a. Certifier (Check only one) 1 Certifyi 2 Medical	ng Physicien: To the I Examinar: On the ba and mann	sis of exemina	owledge, dea ation and/or i	ath occurre	ed at the tin	ne, date and place pinlon, death occu	a, and due to the curred at the time, o	ause(s) and ma late and place, o	nnar as stai	ed. he cause(s)	
To th within To th comp	Me	29b. Signeture and title of certifications of the second s	chau,	ND			9c. Licens		n	Ped. Dete signed	d (Month, De	ay, Year)	
		30. Nama and address of person	who completed cause	of death (Ite	m 23a) (Type	Print)	este	un, 1	n H	40			
Sta	ie	31. Data filad (Month, Day, Year	32. 86	gistrar's Sign	ature	2.00				-			



State of Maryland / Department of Health and Mental Hygiene

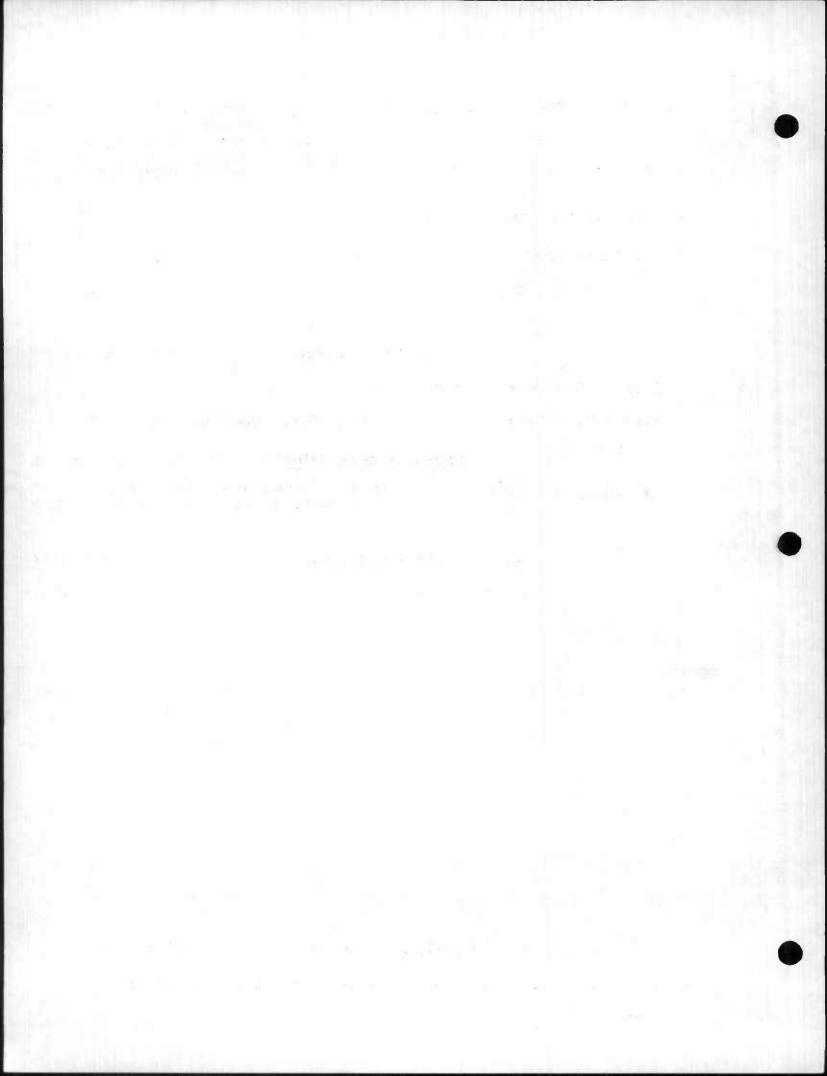
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dey 1998 **Physician** Month Year CLAIR SPRINGER JR. 6, 4:00 P.M. BRINTON March /Medical 4e. Fecility Name (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Death Examiner 787 Hamilton Blvd. Hagerstown Washington If Under 24 Hrs. 8. Dete of Birth (Month, Day, Ye May 14, 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** , 1923 Days **X**□M 2□ F Director 214-16-1042 74 Yrs. Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itams 23s or 28s-f show the Modical Examiner must be notified at Washington Maryland Director Hagerstown 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 787 Hamilton Blvd. 21742 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Yeer or Detes: WW I 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indian, Black, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐\No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry illed within 7 Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed w
Department of Health and Mental Hygien
Important: If Nem 27 is marked other th
any Injury or other traument 10 Machine Operator Truck Manufacturer 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Springer Clair Brinton Sr. Ethel Triplett 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) Alverta H. Brinton 787 Hamilton Blvd., Hagerstown, Maryland 21742 20b. Placa of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 【Crametion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Memorial Park 03-10-98 Hagerstown, Maryland 21. Signature of Funerel Service Licens 22. Name end Address of Fecility K. heel-Andrew K. Coffman Funeral Home, Inc. 40 East Antietam Street, Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications met caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each lina. Approximata Interval Between Onset and Death Physician /Medical Immediate Cause (Finel . Ischemic Cardiomyopathy diseese or condition resulting In death) 4-6 years **Examiner** Dua to (or as a consequanca of): 1-2 years and Renal Failure certificate be executed burial-transit Sequentially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disaase or injury that Initieted evants resulting in daeth) Lest Bud Dua to (or as a consequence of): P.O. Box 68760, ettending physician Physician/Medical the Due to (or es a consequenca of): 98 The law requires that the death jo signed by the (Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveileble prior to 24e. Wes an autopsy performed? Completed peen completion of cause of death? page 2 has 1 ☐ Yas 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified completely filled in by the funeral director; 25. Was casa referred to medical Be 26. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🖾 Residenca 6 ☐ Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Death Medical Certification: 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Place of Injury - At homa, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicide Wertifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner es stated.

| Madical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner stated. 29a. Cartifian (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) D01062 March 9, 1998 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Edward W. Ditto, III, M.D. 217 W. Washington St. Hagerstown, MD 21740 31. Dete filed (Month, Day, Year) 32. Registra's Signature Randelle State

Registrar

MAR 1 0 1998



Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-4 show any Injury or other traumatic event, the Medical Examiner must be notified above.

Physician

/Medical

Examiner

ettending physician end for use es the buriel-transit certificate be executed

signed by the e

page 2 has certificate

this funeral

After

after death.

filled in by

completely

80

P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

Hospital 24 hours

10

altimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** MARCH 04, 1998 **Posith 4c. County of Deeth Robert Charles Burket 1433PM - /Medical 4e Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death FOCKVILLE

If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day), Year)

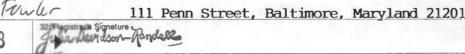
Nov. 17, 1949 Examiner 14626 BAUER DRIVE MONTGOMERY COUNTY 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (Stata or Foraign
Country) XXM 2□ F 211-40-0960 48 Yrs. Penna. Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Montgomery Rockville XIXYes 2 No Directo 109 Street and Number 14626 Bauer Dr., Apt. #4 10g. Citizen of What Country? USA 10f. Zip Coda 20853 Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritel Status 1 ☐ Yes 2 No If Yas, Give Yeer or Detes: 1 Never Merried 2 ☐ Married 1 ☐ Yes ZXXIVO Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Medical Technologist Hospital 18. Mothar's Nama (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Charles R Burket Bettie Raupach 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Burket /mother 608 Spang St. Roaring Spring, Pa. 16673 20b. Placa of Disposition (Neme of cemetery, crematory or other place)
Alto-Reste Park 20a. Method of Disposition

1 Disposition 3 Removel from State Date 20c. Location - City or Town, Stete 3/9/98 Blair Co., Pa. 4 ☐ Donetion 5 ☐ Other (Specify) # M00068 Burner Trade Services 21. Signeture of Funeral Service Licansee 1037 Dual Place 23a. Pert1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Alheroscleronic Cardiovasaular Examiner Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated avants resulting in death) Lest Due to (or as e consequence of) Physician/Medicai Dua to (or as a consaquanca of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed 197Yes 2 No Yes 2 No 25. Wes case referred to medical axaminar? 26. Plece of Deeth (Check only one) Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nesidenca 6 Other (Specify) 1º 1⊠ Yes 2 No 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28e. Data of Injury (Month, Dey Year) Certification: 1 Neturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es steted. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated. 29b. Signature and titla of certifian 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. MARCH 05, 1998 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print)

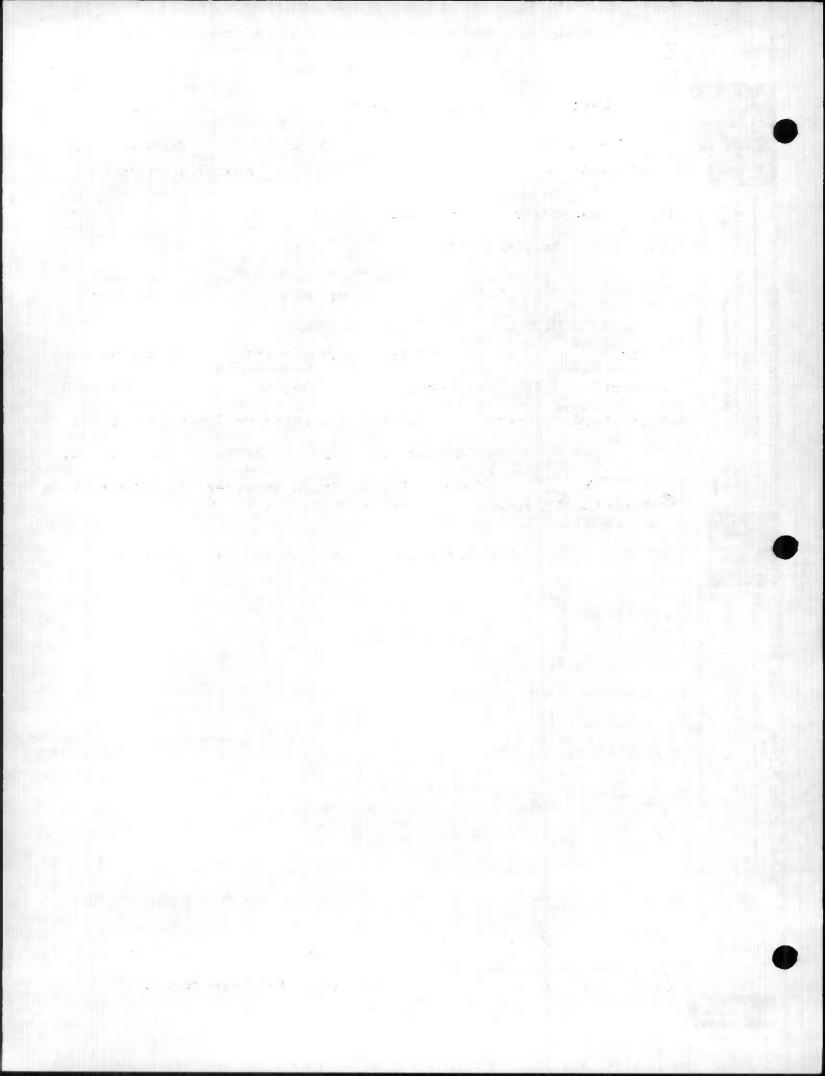
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Within 2 To the et.

> 1Javid 31. Date filed (Month, Day, Year) MAR 06 19



Registrar



State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** CHARLES WTT.I.TAM BANNING MARCH, 1998 am /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 26186 Tunis Mills Road Easton Talbot If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year)
May 9, 1908 5. Social Sacurity Number 7. Aga (In vrs. last birthday) if Undar 1 Yaar Birthplaca (State or Foraign Country) **Funeral** 1 € M 2 □ F Months Days 89 Mary land Director 220-09-1125 Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. insida City Limits other traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yas 2 ☐ No MD Talbot Easton 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 26186 Tunis Mills Road 21601 USA Funeral 12. Wes Decadent Evar in U,S. Armed Forcas? 1 X X as 2 □ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indlen. permit. Peges 1 and 2 should be filed within 72 hours effer 1 Department of Health end Mental Hygiena. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examples once. Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: Specify: by White 3 Vidowed 4 □ Divorcad Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Dacedant's Usuai Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working lifa. DO NOT usa retired) Elementary/Secondary (0-12) Coltaga (1-4or 5+) -0-Carpenter Construction 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Surnama) Be 2 Charles Francis Banning Amelia L. Warrington 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Eileen H. Camper/ niece 5440 Ferry Neck Road, Royal Oak, MD 21662-122D 20b. Placa of Disposition (Nama of cematary, cramatory or othar placa) 20a, Mathod of Disposition Data 20c. Location - City or Town, Stata XBurial 2 Cramation 3 Ramoval from Stata Woodlawn Memorial Park 3 - 17Easton, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. Ostrowsk, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Joseph **Physician** Colon tmmediete Cause (Final disaasa or condition rasulting tn daeth) /Medical Examiner Due to (or es a consequence of) Examiner Sequentially tist conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaesa or Injury that initiated evants rasulting in daath) Last Dua to (or es a consequança of): Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting to the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 212 No 3 Probably 4 Unknown by 24b. Wara autopsy findings availabla prior to completion of causa of deeth? 24a. Was an autopsy performad? Completed 2 PNo 1 Yas 1 ☐ Yas 2 ☐ No Be 25. Wes casa rafarrad to medicat examinar? 26. Plece of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Home 5 ☐ Residanca 6 ☐ Othar (Specity) Medical Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Manner of Daeth 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Describe how triury occurred 5 Pending invastigation 1 Watural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Numbar, City or Town, Stata) 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homtcida 1 Cartifying Phyalcian: To the best of my knowledga, daath occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) 29a. Cartifian and mennar statad. Ne of certifier 29d. Data signed (Month, Day, Year) 29b. Signatura and 29c. Licansa number

509 Tolewild Ave

State Registrar 30. Name and address of parson who completed causa of deeth (Item 23e) (Type, Print)

1998

32. Ragistrar's Signature

Archa Davidson

Smith

31. Data filed (Month, Day, Year) MAR 17

Hospital or Attanding Physician: The law requires thet the death certificate be executed 24 hours efter death.

Records, P.O. Box 68760.

Division of Vital

physician end s the burial-transit

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director,

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To the Hospital o within 24 hours eff To the Funeral Di completely filled in

Director: After this in by the funeral

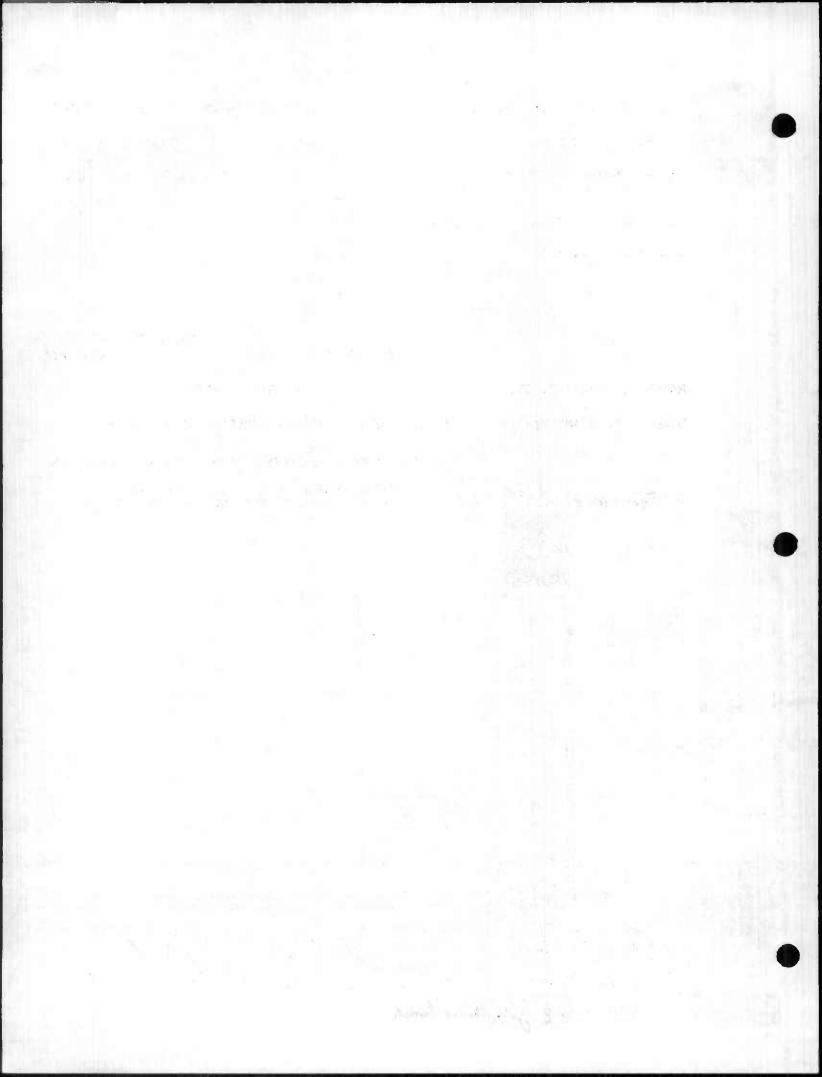
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daath

Baltimore, Maryland 21215-0020

_					naryiano		tificate of	Health and N Death		giene Reg. No.	3 0 9	9781
	Physic /Medi		Decedant's Name (First, Middle, MARCUS CLAYTON	ŕ	JR.				2. Date of De Month MARCH	Dev	998	3. Time of Death 2:02PM
L	Exami		4a. Fecility Name (If not institution, game 210 HEIGHTS AVEN	4b. City, Town, or L HURLOCK		DORC	nty of Death	R				
	Funeral Director		5. Social Sacurity Number 217–10–8067 Usual Residence of Decedent	. Sex 7. A	nge (In yrs. le 76	Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da JULY 19	th ly, Year) 9,1921	Coun	place (State or Foreign htry) YLAND
	Maryland a-f show	ctor	10a. Stata 10b. County MARYLAND DORCHES	TER	10c. City	Town or Lo	cation				1	0d. Inside City Limits 1) Yes 2 □ No
	23a or 28	Funeral Director	10e. Street and Number 210 HEIGHTS AVEN	UE			10f. Zip Code 21643			10g. Citizen o	of What Country?	
020	permit. Poges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental Hygiene. Department of Heath and Mental Hygiene. The Maryland of Heath and Mental Hygiene. The Maryland of Heath and Mental Hygiene. The Maryland of Heath and Hygiene. The Maryland of Heath and Hygiene.	by	11. Marital Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1 (X) Yes 2 [If Yes, Give Yeer or Dates	?] No	U.S. 13. Was Decedent of Hispanic Origin? (Si If Yes, specify Cuban, Mexicen, Puerto			pecify Yes or No Rican, etc.)		aca - Americ lack, White,	
21215-0020		Completed	15. Decadent's (Specify only highest of Elamantary/Secondary (0-12) 12		5+)	life. L	O NOT use retire	pation during most of work d) LECTRICIA			16b. Kind of Business/Industry STATE OF MARYLAND DEPT. OF TRANSPORTA	
Maryland		To Be C	17. Father's Name (First, Middle, La MARCUS C. BRAMBL					18. Mother's Nam	CIAN DEPT. OF TRANSPOR Is Name (First, Middle, Maiden Surname) LSIE F. MYER For Rural Route Number, City or Town, State, Zip Coda)			
re, Mar	1 end 2 sh Health and Iem 27 is m other traum		19a. Informant's Name/Relationship DOROTHY E. BRAMB 20a. Method of Disposition		20b. Pla	210 H	EIGHTS A	VENUE, HU				
Baltimore,	mit. Peges bartment of cortant: If It injury or o		1 Burial 2 Cremation 3 4 Donation 8 Other (Special Signature of Funeral Service Light	oify)	CO.	T NEW	MARKET (Neme end Addre	CEMETERY 3	3/17/98	EAST N	EW MAF	
õ	Depariment Important		23a Party. Enter the disease, or co	mplications that cause	ed the death.	10	6 MAIN S	ERAL HOME TREET, EA ng. such as cerdiac	ST NEW	MARKET		21631 Approximate Interval Between
	Physician /Medical Examiner	3	Immediate Cause (Final disease or condition resulting In death)	· Con	jest	in	hant t	Failure - DISSO				Onset end Death
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x 68760,	ertificate be executed ding physician end se es the buriel-transit	edical	cause. Enter Undarlying Causa (Disease or Injury thet initiated evants resulting in death) Lest	c	Due to (or	es a consequ	ienca of):					
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ecords,	w requires the been signed should be d	by	Chronic Obs	tructiv	~ p	ulmo	nany d) seine		an autopsy med?	cor	ore autopsy findings ailable prior to impletion of cause
Vital Re	The ate h	Be Completed	25. Was case raferred to medical					26. Placa of Deat	1 🗆 Y	1		daath? ∃Yes 2□ No
_	00	2	examiner? 1 Yes 2 No 27. Manner of Death 1 Activate 5 Pending investigati	Hospital: 1 Inpati	ury 2	R/Outpatient 28b. Time of Injury	28c. Injur Wor	er: 4 Nursing Ho	ome 52 Residence 28d. Describe	tence 8 🗆 O	ther (Specify)
DIVISION	To the Hospital or Attending Phy within 24 hours either death. To the Funeral Director: After thi completely filled in by the funeral	i Certification:	3 Suicide 6 Could not determine	bullding, et	tc. (Specify)		at, factory, office		City or Tow	vn, Stata)		l Routa Number,
	the Hosp hin 24 ho the Fund mpletely 1	Medical	one) 2 Medical Exe	hysician: To the best miner: On the basis o and manner st	of axaminatio	ladga, death on and/or inve	estigation, in my o	pinion, death occur	red at the time, o	date and place	, and due to	the cause(s)
	S 4 4 4		29b. Signature and title of cartifier	lon	ń		29c. Licens	3749		3/16/	18 (Month, L	Jay, Year)
			30. Name and address of person who	ver me	50	30	rint)	s Lane	Easto	~ mo	2161-	3
	Sta Registr		31. Date filed (Month, Day, Year) MAR 1 9 19	Registr	rar's Signetu	Randolle						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** James Lewis Buckley March 17 1998 2352 /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b, City, Town, or Location of Death 4c. County of Death Examiner The Kent & Queen Anne's Hospital Inc. Chestertown Kent If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 1 Ø-M 2 ☐ F 7. Aga (In yrs. last birthday). Birthplaca (Stata or Foraign Country) **Funeral** 218-24-5057 Yrs. 1924 Director Rock Hall, Md Usuai Rasidance of Decedant the Meryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limita permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Merylan Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or itema 23e or 28a-f show any Injury or other traumatic event, the Medical Examinat must be notified as XX Yas 2 No Directo Maryland Kent Rock Hall 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5741 S. Hawthome Ave 21661 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 24 No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: specify: White Baltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Buaineas/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Electrician's Assistant Electrical Contractor 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) James Lewis Buckley Edna May Larrimore 19a. Informant'a Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Rose Beck/Sister 5741 S. Hawthorne Ave. Rock Hall, Maryland 21661 20b. Piace of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Still Pond Cemetery/March 21, 1998 Still Pond, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Fellows, Helfenbein, & Newmann Funeral Home P.A. 236. Part1. Enter the disaasa, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or have allura. List only one cause on each line. Approximate Interval Batween Onaat and Death Physician /Medical tmmediate Causa (Final disease or condition resulting in death) Examiner ettending physician and for use as the buriel-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or injury that initiated evants rasulting in death) Last Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown à 24b. Wara autopsy findinga available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen 1 ☐ Yas 2 ☐ No 1 Yaa 2 No certificate Division of Vital Hospital or Attanding Physician: 24 hours ofter death. Funeral Director: After this certifica 25. Was casa rafarred to medical Be 28. Placa of Death (Check only ona) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 210 No 2 funeral 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. tnjury at Work? 1 DNatural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datarmined 3 ☐ Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, tactory, office building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours e To the Funeral D 1 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical 29a. Cartifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) 8 arD. 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) 223 St., Clustertown, MD 2/620 K. WUN 31. Data tiled (Month, Day, Year) 32. Ragistrar's Signatura State Julia Davidson MAR 20 Registrar

Mary was the start of the

State of Maryland / Department of Health and Mental Hygiene - 4 Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Tilman Haston Chaney 17,1998 March 7:30 am /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Avalon Nursing Home Hagerstown, Washington If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F Months Days 88 Yrs Director 216-10-6253 May 10,1909 MD Usual Residence of Deceder the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is merked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified all Md Washington Hagerstown, 1 ☐ Yes 2 No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 14014 Marsh Pike 21740 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 234 any injury or other traumatic event, the Medical Examiner mass. Funeral 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. No 2 □ No If Yes, Give Year or Dates: WWII 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: white à 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Pipe manufacturer Organ Company unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Susan Householder William Chaney 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dorothy L. Socks 13153 Draper Rd. Clear Spring, MD 21722 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Surial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) Rose Hill Cem. March 19,1998 Clear Spring MD 21. Signalufffor Funeral Service Ligens 22. Name and Address of Facility Thompson Funeral Home, Inc. Pert1. Enter the disease shock, or hear trailure. P.O. Box 310 Clear Spring, MD 21722 lure. List only one cause on each line. Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting In death) Centro waranty Iwak Accide **Examiner** Due to (or as e consequence of): Examiner Anterio relevato 7 burial-transit Sequentially list conditions, it any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): pue physician s the burial Alter Excellent Box 68760 Physician/Medical Due to (or as a consequence of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen hes 1 Tes 2 1NO 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physiolan: within 24 hours after death.

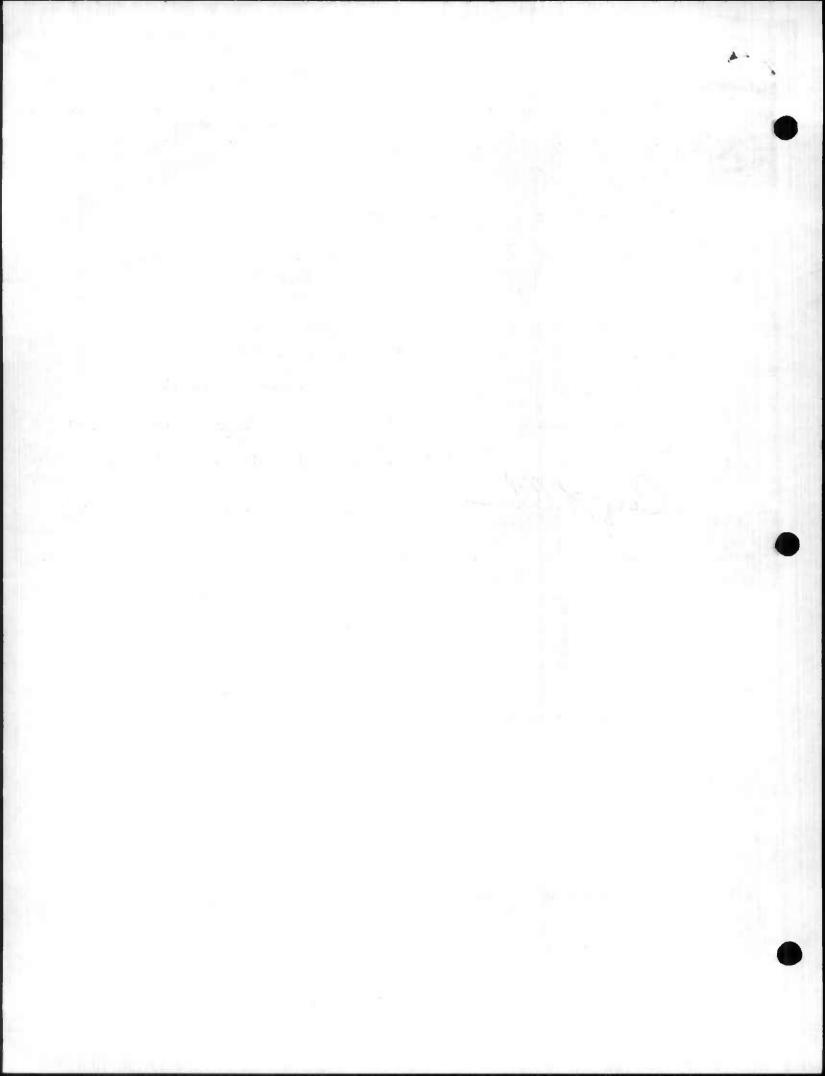
To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Tes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Maturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homleide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) -tout mo D (8019 march 17, 1958 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Vasant Datta 334 Mill St. Hagerstown, MD. 21740

Julia Davidson-Randoll

State

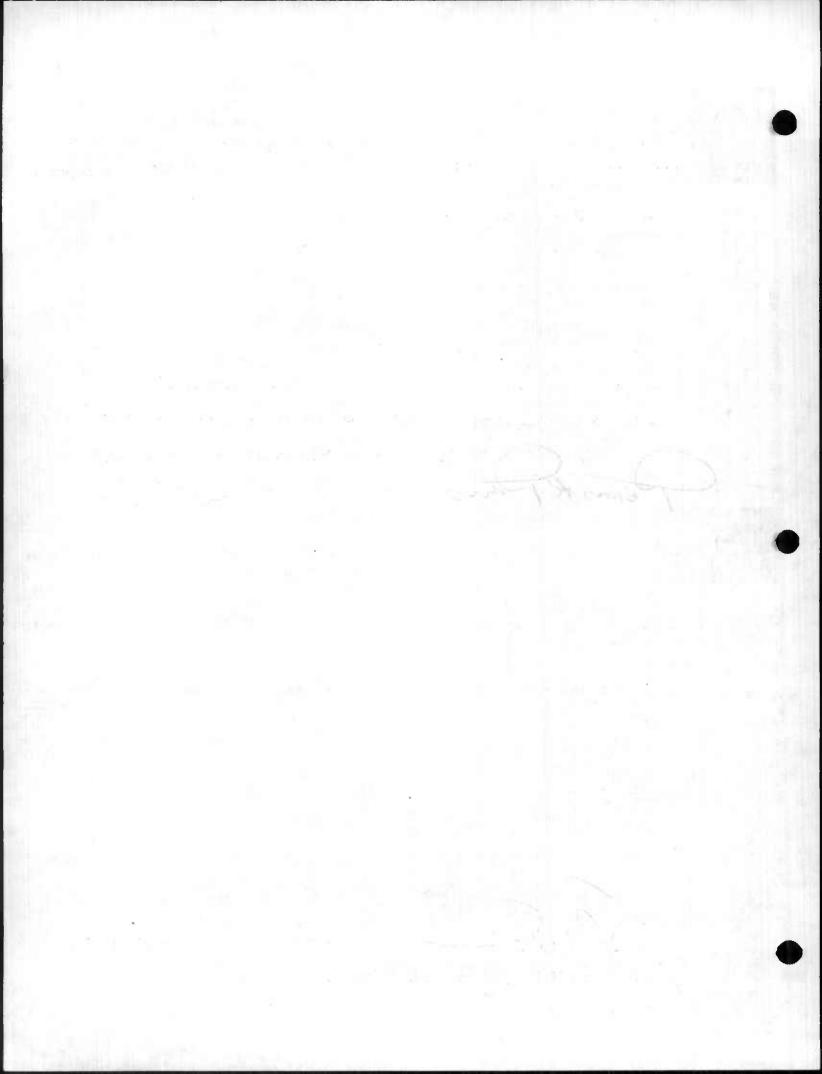
Registrar

MAR 1 9 1998



State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate (of Death	F	Reg. No.	09	1784
Physic	ian	Decedent's Neme (First, Midd	e, Lest)					2. Dete of Dee		Yeer	3. Time of Deeth
/Med		William Leis						March	10°, 199	8	0100
Exam	iner	4e. Fecility Neme (If not institution						Location of Deeth			
	- 6	Washington C					Hager			shing	-
Funera Director		5. Social Security Number 215-07-9089	6. Sex 1 XM 2 ☐ F	7. Age (In yr. 90	s. lest birthday) Yrs.	if Under 1 Y Months De	ear If Under 24 Hr eys Hours Mir		8°,7907	9. Birthpie Count Peni	ece (Stete or Foreign Is ylvania
pug *		Usuei Residence of Decedent 10a. Stete 10b. County		10c. C	City, Town or Lo	cation				140	Od. Inside City Limits
Aaryli F sho	5	7	shington	,		hsburg				10	1 ☐ Yes 2 🕅 No
the Marylar 28a-f show	e c	10a. Street end Number				10f. Zip Coo	4.				
ath with the Maryla s 23e or 28e-f show	Funeral Director	22511 Cave Hi					21783		10g. Citizen of Whet Country? U.S.A		
5-UUZU 72 hours after death with the Maryland natural', or items 23a or 28a-f show	Completed by Fune	11. Maritel Stetus 1 Never Married 2 Mar. 3 XWidowed 4 Divorced	12. Was Dec Armed F led 1 Tyes If Yes, G Yeer or I	cedent Ever in orces? 20 No ive Detes:		Was Decedent f Yes, specify (1 ☐ Yes 2 ☐X	of Hispenic Orlgin? (: Cuben, Mexicen, Pue No Specify:	Specify Yes or No- rto Ricen, etc.)			
Iryland 21215-002 thould be filed within 72 hours of Mental Hygiene, marked other than "natural", matic event, tra Moore LEx	etec	15. Deceder (Specify only highe	t's Educetion)	16e. Deced	ient's Usuel Oc	ccupetion	ndeina	16b. Kind of Bus	siness/Inde	ustry
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omit. Pa Separtmer mportant. ny injury ng.		21. Signature of Funeral Service	Lightun		22	. Name end Ad	dress of Fecility	10505 1	24 - 41-11	A	
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Examiner	Н	disease or condition resulting in deeth)	ө	100	(or es e conseq	1	NEARCH	1010		1	r. C. Hums
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death cer attendir d for use	Cia	Pert ii. Other significent condition	no contribution to d	lands but and an	a. (b) a. (a. 15)	4.4.2	1 - 1 - 5 - 1				
law requires that the death certificate be executed as been signed by the attending physicien end as should be detached for use as the bunel-transity.	Physician/	Totti. Otto sgrintorit conditio	ne contributing to a	eath but not re	sulling in the ur	iderlying ceuse	given in Pert I.	1 U Y	./	3 Probe	the ceuee of death?
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Physician: The this certificete ral director, pag	Be	25. Wes cese referred to medical examiner?						ath (Check only on	e)		
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		27. Manner of Deeth 1 ☑Naturai 5 ☐ Pendin	28e. Dete (Mon	of Injury th, Day Year)	28b. Time of Injury	28c. li	njury et Work?	28d. Describe ho	w injury occurre	d	
Attanding or death.	atic	2 Accident investig	ation		,,		Yes 2 No				
l or Attanding efter death. Director: After d in by the fune	ertification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ned 286. Piece	of Injury - At h	nome, farm, stre	et, fectory, offi	сө	28f. Location (St City or Town		r or Rurel	Route Number,
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To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only one) 12 Certifyin 2 Medicel I	xaminer; on the b	best of my kno asis of exemine ner steted.	owledge, deeth etion end/or Inv	occurred et the estigation, in m	e time, date end plece by opinion, deeth occu	e, end due to the curred et the time, d	euse(s) end men ete end piece, er	ner es ste nd due to t	ted. he ceuse(s)
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	-	30 Name and			- 00 - 100		15570		MOLCIL	,,,	. , , ,
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		31 Date filed (Month, Day, Year)					٠, ٠.٠٠٠				
Sta Registr	-	MAR 1 1	1998	Julia Da	idson-Par	dalle					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First Middle Last) 2. Defa of Death **Physician** March 5, 199 Lester Leroy CROMER /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath Examiner Hagerstown

If Under 1 Year | II Under 24 Hrs. | 8. Data of Birth
(Month, Day, Year) Washington County Hsopital Hospital Washington 5. Social Sacurity Number Birthpiaca (State or Foreign Country) 6 Sax 7. Aga (In yrs. last birthday) **Funeral** 1**∑** M 2□ F Yrs. Director 214-09-3705 May 16 1916 Maryland Usual Rasidanca of Dacedani with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show 7 le marked other than "natural", or Nems 23a or 28a-f eho traumatic event, the Moulcal Examiner must be notified at Director 1 Yas 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g Citizan of What Country? permit. Pages 1 and 2 should be filled within 72 hours efter death v Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "natural" and other traumatic average. 120 W. Magnolia Avenue 21742 Funeral U.S.A. 12. Wes Dacedanf Evar in U,S. Armed Forcas? Rece - American Indian, Black, Whife, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yas, specify Cuben, Maxicen, Puarto Ricen, etc.) 1 Navar Married 2 Merried 1 ☐ Yas 2 ☒ No If Yas, Giva Yeer or Datas: 1 ☐ Yas 2 ☒ No Specify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highast greda complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) 10 Dispatch Clerk Truck Mfg. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Harry R. Cromer Christianna E. Bailey 19a. informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 19617 Cool Hollow Drive Hagerstown, Md. 21740

e of Disposition (Nama of Data 20c. Location - City or Town, Stata Barbara Crider - Daughter 20a. Method oi Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stafa 4 ☐ Donation 5 ☐ Othar (Specify) Rest Haven Cemetery 3-9-98 | Hagerstown, Md. 21740 21. Signeture of Funeral Service Licenses 22. Name end Addrass of Facility Minnich Funeral Home Hagerstown, Md. 21740 415 E. Wilson Blvd. 234 Fart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** /Medical Immediete Causa (Final CANGESTIVE HEART FAILURE disaasa or condition rasulting in daath) 10 DAYS Examiner Examiner PNEUMONIA. Shall The law requires that the death certificate be executed buriel-transit Sequentielly list conditions, if any, laading to immadiata ceusa. Entar Undarfying Cause (Disaase or Injury that Initiated avants rasulting in daath) Lesf Dua to (or as a consequence of) FRACTURE ettending physician Box 68760. Physician/Medicai Due to (or as a consequance oi) withs Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown DEHYDRATION þ 24b. Wara autopsy findings available prior to completion of ceuse of death? MARNUTRITION 24e. Wes an autopsy performed? Completed SENILITY. 1 Yas 2 No this certificate 1 ☐ Yes 2 ☐ No i or Attending Physician: efter death. Director: After this certifica 25. Wes casa referred to medical axaminar? Be 26. Place of Deeth (Check only one) Hospital: 1 Suppatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Certification: To Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Manufer of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarminad 3 ☐ Suicida 28a. Place of injury - At home, larm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida To the Hospital or within 24 hours eff To the Funeral Di completely filled in 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifian Medical (Check only one) 2 Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29d. Dafa signed (Month, Day, Year) 29b. Signature and title of certifie 144996 March 5, 1998.

State Registrar 31. Date filed (Month, Day, Year) WAR 0 9 199

ZAFAR MALIK MD

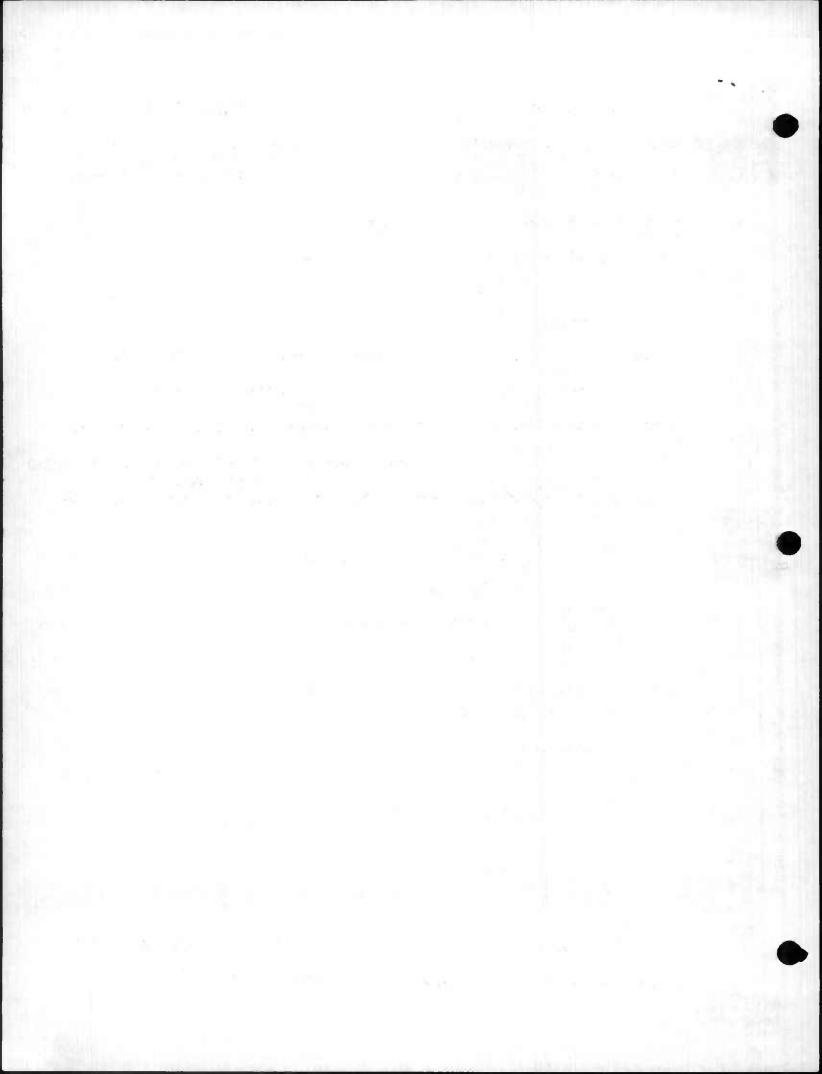
30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print)

20 Y/ LAPPONS

32. Aggistrer's Signatura

Sina Davidson-Randall

RD BOONSBORD MD: 21713



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Neme (First, Middle, Last) Month **Physician** 7:30 AM EUNICE MOZELLE P. CROZIER March 16, 1998 /Medical 4b. City. Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street end number) **Examiner** 3524 26th Avenue Hillcrest Heights Prince George's If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** Days Hours 1□M 2♥F Yrs. 86 578-03-3060 May 6, Virginia Director Usual Residence of Decedent with the Meryland permit. Peges 1 and 2 should be filed within 72 hours efter death with the Merylan Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Express. Institute in onlined at 900s. 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Prince George's Hillcrest Heights 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 3524 26th Avenue 20648 USA Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 XXVo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White λq 3√Widowed 4 □ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Eiementery/Secondary (0-12) College (1-4or 5+) 8 Law Lawyer 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Archie R. Painter Ollie March Mayes 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Lou Lanham-Daughterin law 13120 Jessie's Place, Waldorf, MD 20601 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Dispositio Date 20c. Location - City or Town, State 1 Seurial 2 Cremation 3 Removal from State Martin Painter Cemetery 5 Other (Specify) 3-20-98 Stanley, Virginia 21. Signatur 22. Name end Address of Facility Trusa Huntt Funeral Home, Inc. Mark 6. Brohawn M00053 P. O. Box 156, Waldorf, MD 20604-0156

23e. Pentl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed attending physicien and for use as the bunel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the a 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? been si 24a. Was an autopsy Completed certificate hes b 1 Yes 2 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; t Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menper of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edicai 29a, Certifie

29c. License number

Wood yourd Ra

cause of death (Item 23a) (Type, Print)

32. Registrers Signature.

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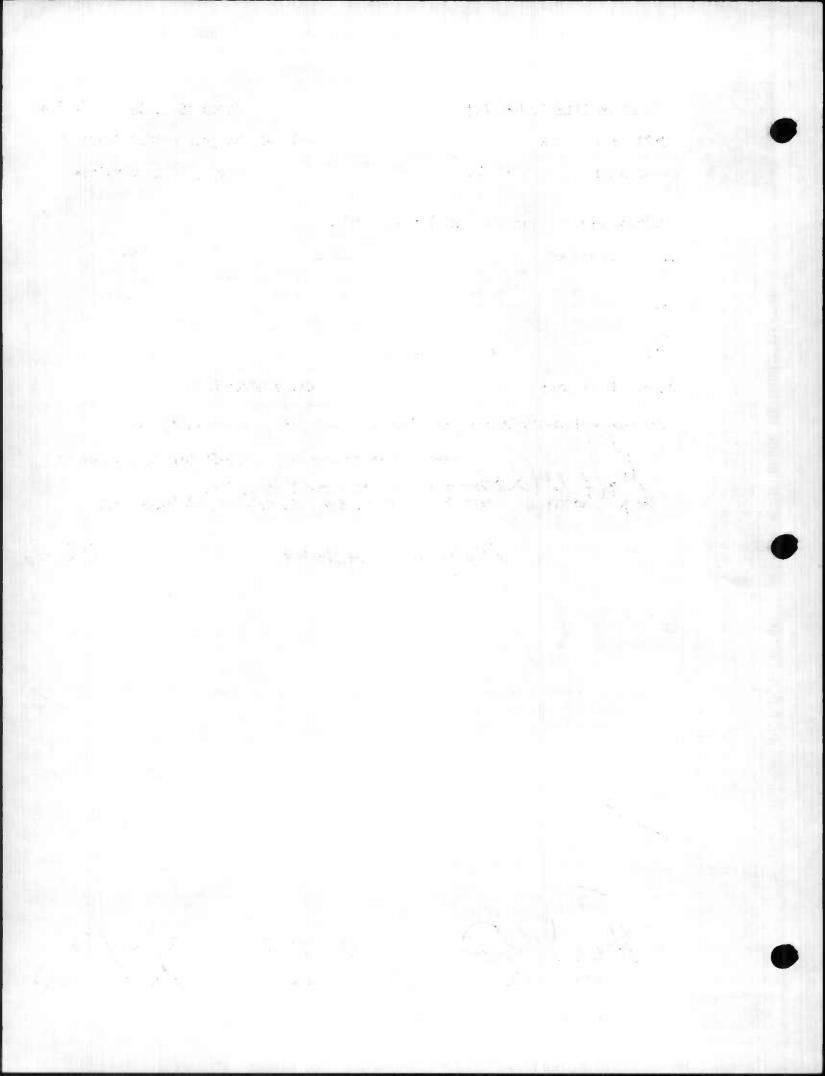
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State Registrar 29b. Signature and fitte of cartifier

HARVY.

30. Neme and address of pe

31. Date filed (Month, Day, Year)



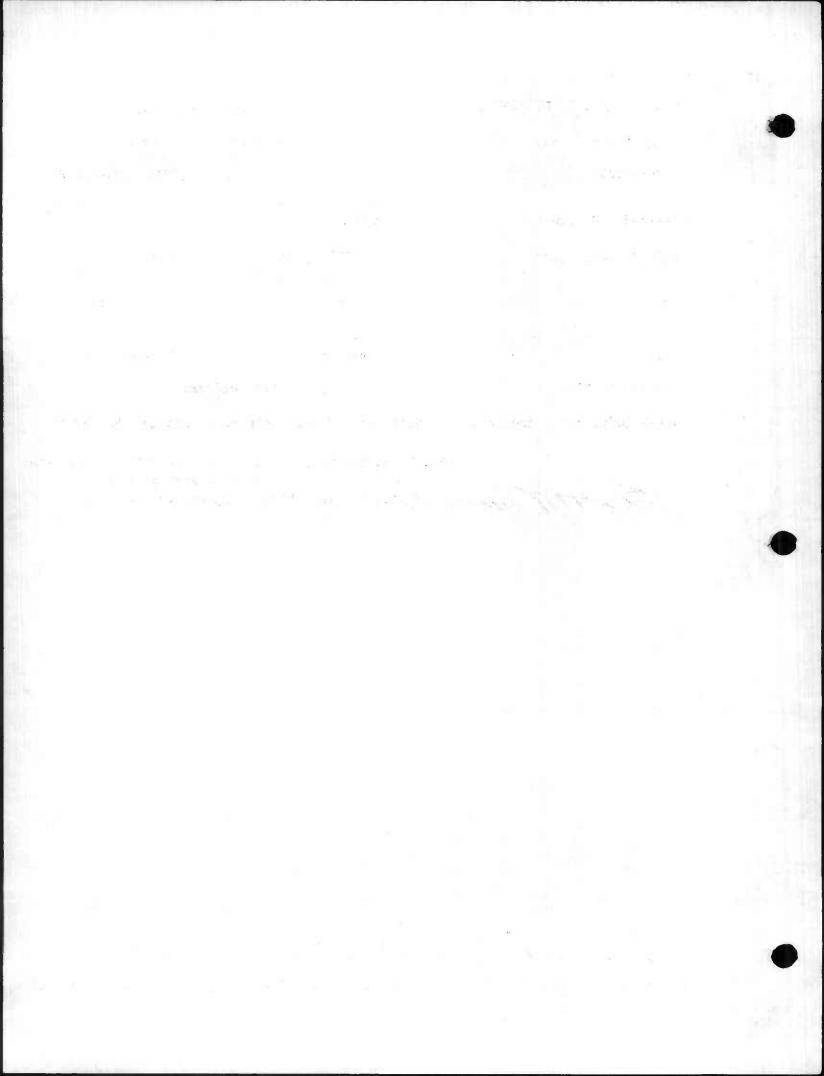
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				State of Maryla				Death	vicinal 11y	Reg. No. 98	0.9	9787		
	Physici /Medi		1. Decedant's Nama <i>(First, Middla, Las</i> Edward	r) Thomas	C	:011i	ns T.		2. Data of De Month Marc	Dev	Year 998	3. Time of Death		
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f	Funeral Director	N	The Kent and Quee 5. Social Sacurity Number 215–38–2184	en Anne's Hos XM 2DF 7. Aga (In yrs 56	Hospital Chestertown					Ke th, Year) 8, 1941	9. Birthple Count	ace (State or Foreign ry) estertown		
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	r 28a	irec	10e. Street end Number				Zip Coda			10g. Citizan of V	Vhat Count	ry?		
	th wit	aiD	107 Darden Road				21620)		U.S.A				
020	urs efter des el', or items Examiner in	by Funeral Director	11. Maritel Stetus 1 ☐ Naver Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in Armed Forcas? 1 XYas 2 No It Yes, Giva Yaar or Detas: 1959-			cedant of H pecify Cubi	lispanic Origin? (S an, Mexican, Puart Specify:	exican, Puarto Ricen, atc.)			an Indian, itc. Ce		
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Heatin and Mentel Hygiene. The permit of Heatin and Mentel Hygiene. The permit of Heatin and Mentel Hygiene. The Medical Examination of the medical Examination of the modified at an once.	Completed	15. Decedant's Edi (Specify only highest gred Elemantery/Secondary (0-12)		16a. Dec	e kind of DO NOT	sual Occup work done Tuse retired	etion during most of wor d)	king	16b. Kind of Bu				
pu	e filed of Hyg other vent,	Be C	17. Fathar's Nama (First, Middle, Last)					18. Mother's Nan	na (First, Middle	, Maidan Sumam	- had			
ylaı	Mente Mente arked	To	Edward Thomas Coll	ins				Freeda	Morris					
Mar	d 2 sh th and 7 is m traum		19a. Informant's Name/Relationship (T) Lisbeth Collins			-		and Number or Ru			Stata, Zip	Code)		
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Baltin	Depertme Depertme Importan any Injur		4 Donetion 5 Other (Specify) Onesapeake Cremation Center IIC/March 18, 1998 Stevensville, MD 21. Signature of unaral Sarvica Licensea Pellows, Helfenbein, & Newmann Funeral Home P.A. 130 Speer Road, Chestertown, MD 21620											
	Physician	23á. Part 1. Entay the disaasa, or complications that ceused tha death. Do not antar the mode of dying, such as cerdiac or respirator shock, or heart feilure. List only one cause on each line. hysician										Approximata Intervel Batween Onset end Deeth		
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	ificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, Due to (or as a consequence of): if any, leading to immediate											
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	the atte	Physician/M	Part il. Other significant conditions co	ntributing to death but not re	sulting In tha	underlyin	g ceuse giv	an in Part I.	23b. Did tobacco use contributa to the cause			the cause of death		
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	ITEM: #3	PE	R PHYSICIAN 'G766 1'		or Maryi		epartment of Sertificate		ieaith and i Death	vientai Hy	rgiene Reg. No.	8 U	9788
			1. Decedent's Name (First, Mide							2. Date of De	eath Dey	Year	3. Time of Death
	Physic /Medi		Camilla Lucil	Le DIVELBI	SS					March		998	4:45 PM.
3	Exami		4a. Facility Name (If not Instituti		umber)			4	4b. City, Town, or I	Location of Deel	th 4c. C	ounty of Deat	h
			18826 Preston		T		M. Hadaad 3		Hagerst			Washin	0
	Funeral Director		5. Social Security Number 212–10–0066	6. Sex 1 □ M 2 ☑ F	7. Age (In) 84	yrs. last birthd Yrs	Months D	Deys	Hours Min.	8. Dete of Bi (Month, D	rth ay, Year) 11,191	9. Birt Co .4 Má	holece (State or Foreign ountry) aryland
	and		Usual Residence of Decedent 10e. State 10b. Count	ly	10c	. City, Town or	r Location						10d. Inside City Limits
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	r 28a	Directo	10e. Street end Number				10f. Zip Co	ode			10g. Citize	n of What Co	ountry?
	th wil		18826 Preston B	Road					21742		US.	A	
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Maryland 21215-0020	n "natura	Completed	(Specify only high	ent's Education est grade completed		16a. De	ecedent's Usual C ive kind of work of e. DO NOT use i	occup done o	eation during most of world)	most of working			Industry
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Mar	12 sh h and h and l' ia m		19e. Informant's Name/Reletionship (Type, Print) Cheryl Lafferman - daughter 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State 9316 Judge Palce, Montgomery Village, M										
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	Physician /Medical Examiner		tmmediate Ceuse (Finel disease or condition resulting in death)						INFAR			1	Interval Between Onset and Death
68760,	icate be executed physician and s the burial-transit	al Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	6. <u>Co</u> A	Due t	co (or as e con	RTERY sequence of):	Y	NEASE			 	INTANTANTANTON YEARS
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Division	5 4 4 5	Certification:	3 ☐ Sulcide 6 ☐ Could	mined 288. Place	e of Injury - A ling, etc. (Sp	At home, farm, ecify)	street, factory, o	ffice			(Street and I own, Stete)	Number or Ru	ural Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifier Certifyi (Check only one) Certifyi	ing Physician: To the il Examiner: On the b and mar	e best of my pasis of exam ner stated.	knowledge, de nination and/or	eath occurred at t r Investigation, In	the tin	ne, dete and place pinion, daeth occu	, and due to the rred et the time	cause(s) ar dete end p	nd mannar es lece, and due	stated. to the cause(s)
	To the Comp	Σ	29b. Signature and title of certifi	er	1/		29c. L	icens	e number		29d. Dete	signed (Mont	h, Day, Year)
			Vandy V	BN Bro	offer	1	J D	385	792		3/16	198	
			30. Name and address of person	n who completed cau	se of death (Item 23e) (Ty	pe, Print) Ju	117	E 130				21742
	8000		31. Data filed (Month, Day, Year	BRADFOR	Registrer's Si) C	o Medi	CA	2 CAMP	W RD	· HY	KERS	TONN, MD
	Sta Registr	869	MAR 1	7 1998		Davidson	Randell.						

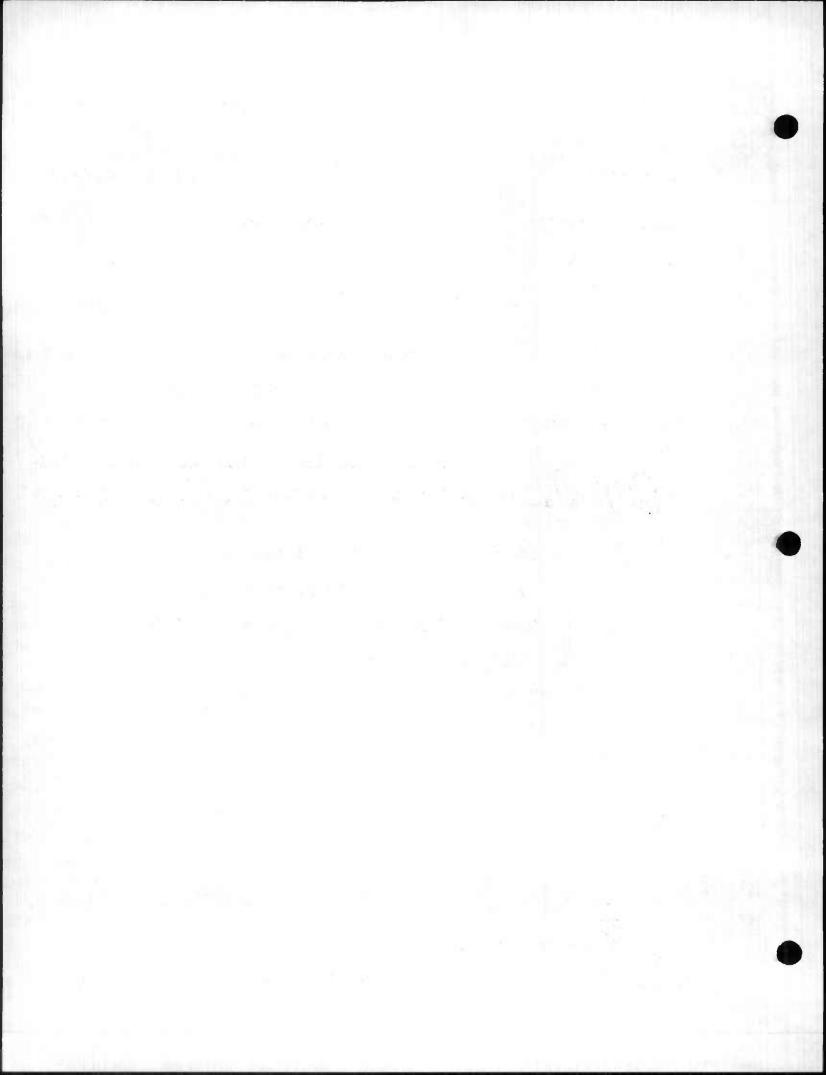


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month JOSEPH LEE MARCH 10 1998 11:30 AM /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 19709 TOMS ROAD **BOONSBORO** WASHINGTON If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F Yrs Director 80 220-09-7263 AUG. 30, 1917 MARYLAND Usual Residence of Decedent the Maryland 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at Director 1 ☐ Yes 2 No MARYLAND WASHINGTON **BOONSBORO** 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 238 21713 19709 TOMS ROAD death Funerai U.S.A. Herrs 2 12. Was Decedent Ever in U,S. Armed Forces? 1,⊠Yes 2 □ No 1943— 11. Marital Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. should be filled within 72 hours after ond Mental Hygiene. merked other than "natural", or ite 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify. 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) OWNER & OPERATOR AUTO REPAIR GARAGE 17. Fether's Name (First, Middle, Lest) permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: if Item 27 is marked ofth any liqury or other traumatic event 2005. 18. Mother's Name (First, Middle, Maiden Sumame) GEORGE M. DEENER MARGARET VIOLA HIMES 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19709 TOMS ROAD, BOONSBORO, MARYLAND EDITH L. DEENER/SPOUSE 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ⊠ Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/13/98 BROWNSVILLE, MARYLAND OLD BROWNSVILLE CEM. Funeral Service Monses 22. Name end Address of Fecility 7606 Old National Pike BAST FUNERAL HOME Paul M. Dean Boonsboro, Maryland 21713 ell . Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, nock, or heart failure. List only one cause on each line. Approximete Intervel Between **Physician** e. CONGESTUS HEART TAILURE

Due to (or es e consequenca of): /Medical Immediete Ceuse (Final disease or condition resulting in death) Examiner Physician/Medicai Examiner the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest attanding physician and for use as the burial-tran Box 68760, PULMONARY TOMACCO P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown signed b Records, þ 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? ata has b 2 No 1 Tyes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) Certification: To 1 Yes 2 No this 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred After Neturel 5 Pending Investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edicai 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner es steted.
20 Medicat Examinar: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 1046 622 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) MERROW VIEW DR HARERS TOWN, MIS 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Silia Davidson-Randoll Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dey 1998 **Physician** Month 17, Leonard W. Dayton Mar. /Medical 7:30 am 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cambridge 1301 Glasgow St. Dorchester 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stata or Foreign Country) **Funeral** Deys 1 MM 2□ F 214-10-0675 Yrs. Director Mar. 31, 1920 Maryland Usual Residence of Decadent d 2 should be filed within 72 hours effer death with the Maryland th end Mantal Hygiene.
7 is marked other than "natural", or ferms 23a or 28a-f ahow traumetic event, the Madical Examiner must be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Dorchester Yes 2 No Director Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 1301 Glasgow St. 21613 U.S.A. Funeral 12. Was Decedent Ever in U,S. Aqued Forces? 1 P1 Yas 2 □ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-tf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: 3 X Widowed 4 □ Divorced White 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Self Employed Oil Distribution 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pages 1 end 2 should be fill ment of Health end Mental Hant: If Nem 27 is marked oth ury or other traumatic even Be Clarence Dayton Florence Adams 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Lou Satchell /son-in-law/pr P.O. Box 1187, Easton, MD 21601 20e. Method of Disposition
1 ☐ Burlai 2 ☐ Cremetion 3 ☐ Removal from State 20b. Pteca of Disposition (Neme of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, Stete parmit. Page Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) MD Veterans Cemetery 3-20-98 Hurlock, MD es of Funeral Service Licenses 22. Name and Address of Fecility complications that caused the Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD 21613 a thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, se on each line. Approximete Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Final obstructive pulmonary disease disaese or condition resulting in death) Examiner Due to (or es e consequenca of). sician end buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, teeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resuiting in deeth) Lest Due to (or es e consequence of): physician s the buriel P.O. Box 68760, Physician/Medical Dua to (or es e consequenca of): Pert tl. Other atgniftcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 □ Yes 2 No 3 Probably 4 Unknown 000 pulmonale Records, þ Completed 24a. Wes an eutopsy performed? 24b. Were autopsy findings aveileble prior to completion of causa of deeth? page 2 1□ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: funeral director, Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatlent 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this s 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury et Work? After 1 Neturel 5 Pending death. 1 Yes 2 No investigation 2 Accident 24 hours efter deat Funeral Director: 6 ☐ Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Ptaca of tnjury - At home, farm, street, factory, offica building, etc. (Specify) completely filled in by 4 - Homicide Hospital to Certifying Phyatclan: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as stated.

2 Medicat Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the Within 2

29c. License number

503 Outch nons Lane

29d. Dete signed (Month, Dey, Year)

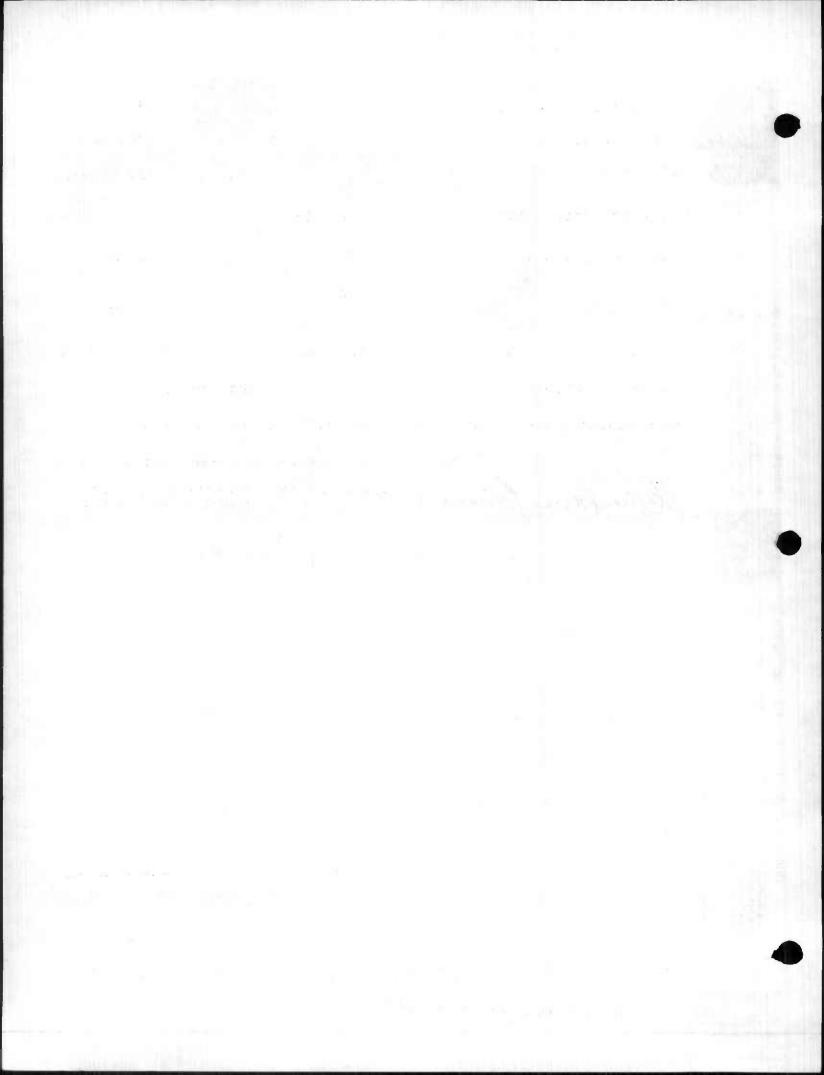
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State Registrar 29b. Signeture and title of cartifier

32 Registrar's Signeture 31. Date filed (Month, Dey, Year) MAR 1 9 1998

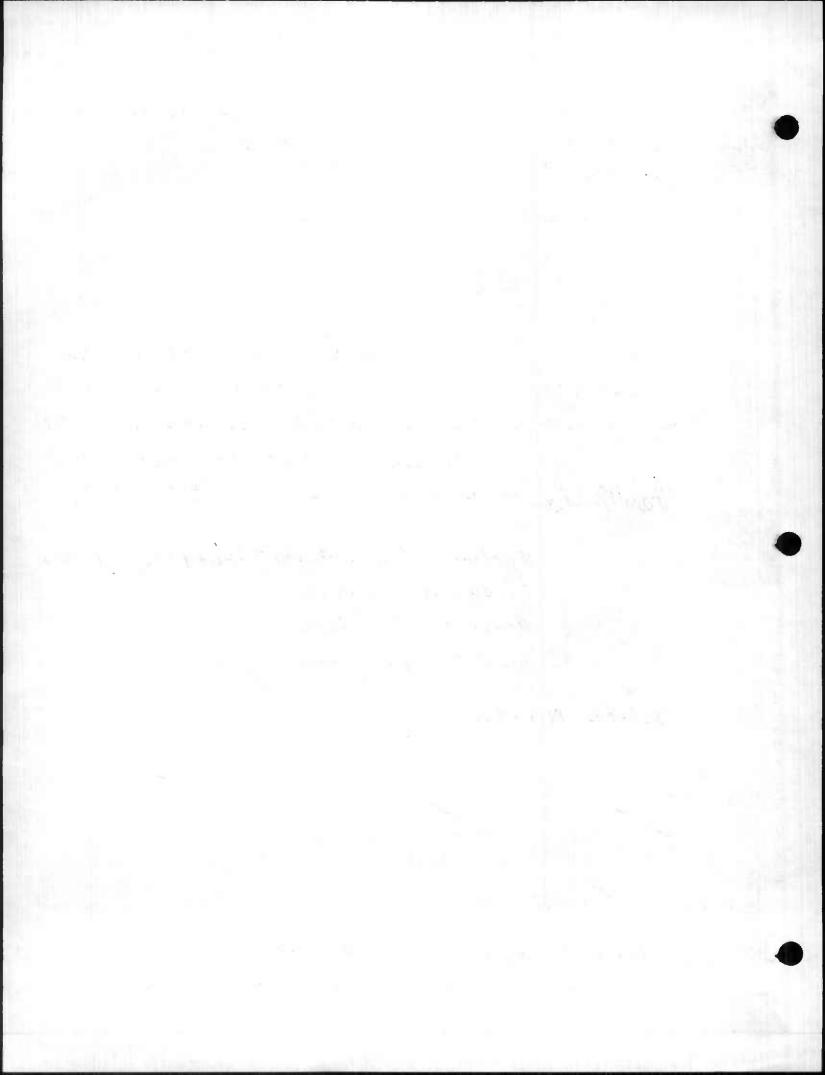
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

G. Oliver MD



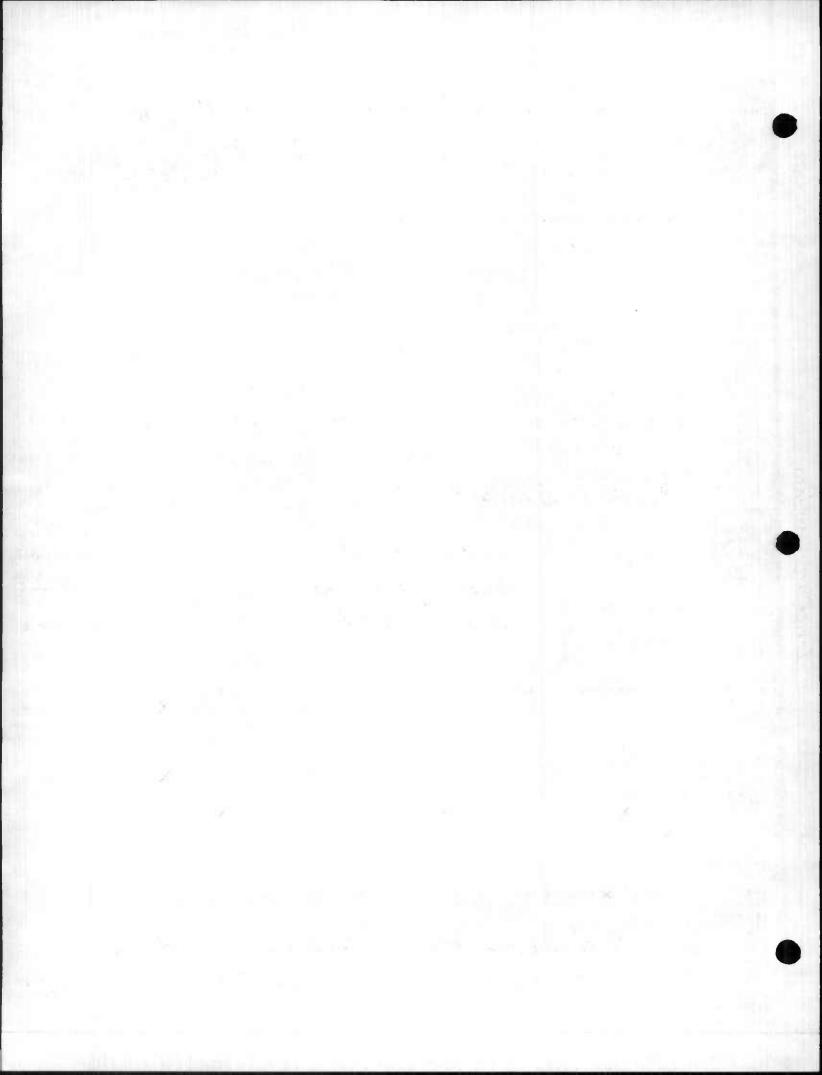
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	- > - 0		R Topped or MD D4	5563	3/13	192
Rad M THEODORIU MA 321E Atita ch Citaro Hant			30. Name and address of person who completed cause of death /Item 23a) (Tune Print)			
TO AGUIN, THEY DON'T MID SAME PROPERTY SELECTION TO THE PROPERTY OF THE PROPER			Radu M. THEODORU, MD 324E. Anti	ietam St S	uite 203 1	Havevetoum N
State 31. Dele filed (Month), Dey, Yeer) 32. Hegistrar's Signature	Regist		31. Dete filed (Month, Dey, Yeer) MAR 1 3 1998 July 1 32. Registrar's Signature MAR 1 3 1998			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death March 13, **Physician** Day 1998 Year Anna Mae Elbum 8:14 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3886 Fastern Neck Road/ Home Rock Hall Kent If Under 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (Steta or Foreign Country) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** 1 □ M 2 X F 214-30-7636 Yrs. Director May 17, 1924 Maryland Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumstic svent, it is inscital Examinat must be notified at 10d. Inside City Limits Maryland Kent 1 ☐ Yes 2 ☑ No Director Rock Hall 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 3886 Eastern Neck Road permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Heath and Mental Hygiene. Important: If them 27 is merked other than "natural", or items 23a any injury or other traumatic syent. 21661 Funeral United States 12. Was Dacedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 Domestic / Own Home Homemaker 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Harvey Coleman Marian Elizabeth Potts 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 3886 Eastern Neck Road, Rock Hall, Maryland 21661 John Edward Elburn / Husband 20a. Method of Disposition

10 Bunal 2 Cramation 3 Removel from State 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stata Date St. Paul's Cemetery March 17, 1998 4 ☐ Donetion 5 ☐ Other (Spacify) Rock Hall, Maryland 21. Signeture of Juneral Service License 22. Name end Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. William L. King Jr. M-00937 130 Speer Road, Chestertown, Maryland 21620 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) can of lung with metastasis 1 year **Examiner** Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in daeth) Lest Due to (or es e consequenca of): P.O. Box 68760, Physician/Medical Due to (or es e consequance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by 24b. Were eutopsy findings evailable prior to completion of causa of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: "within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the Iuneral director, p. Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 PResidenca 6 Other (Specify) Certification: To 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 - Homicide 11 Certifying Phyelclen: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated Medical 29a Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) 8 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 223 High St.,

32. Registrar's Signeture

Julia Davidson—Rand Chestertown, MD. 21620

DHMH 16 Bev 6/95

State Registrar 31. Dete filed (Month, Dey, Year)

gha in how timbeth

AC XI HAM

State of Maryland / Department of Health and Mental Hygiene

				Oldio of Wi	ai yiaii				Death		Reg. No. 98	09	1794
-	Dh		1. Decedent's Name (First, Middle, La	est)						2. Date of De Month	eth Day	Yeer	3. Time of Death
	Physici /Medic		PHYLLIS ARLE	NE FORD						MARCH		998	5:15 PM
	Examir		4a. Facility Name (If not Institution, gi	ve street end number)					4b. City, Town, or	Location of Death	4c. County	of Deeth	
			Williamsport Nu	rsing Home					William	sport		hingto	on
-	Funeral			Sex 7. Ag 1 ☐ M 2 ဩ F	e (In yrs. la		y) If Unc Month	er 1 Year s Days	If Under 24 Hrs.	8. Date of Bir (Month, De	th y, Year)	9. Birthpla	ce (State or Foreig
	Director		217-10-3229	ILM ZQLF	78	Yrs.				Jan.19	,1920	Mary	land
pue	*		Usuei Residence of Decedent 10a. State 10b. County		10c. City	, Town or	Location					100	d. Inside City Limits
fanyl	6 8	5		- h								1.00	1 ☐ Yes 2X No
the A	2887	ect	Maryland Washing	31011		ная	gerst	Zip Code			10g. Citizen of \	Affect County	.0
With	0 8	ā	20005 Old Forge H	Road			101. 4		1742		USA		/ 1
laryland 21215-0020 2 should be filed within 72 hours after deeth with the Marylend	iena. r than "natural", or itema 23a or 28a-f show The Medical Examiner must be notified at	Funeral Director	11. Meritel Stetus	12. Was Decedent	Ever in 119	2 11	3 Was Da			inacify Vee or No		e - Americar	Indian
ter d	를 불	5	1 Never Married 2 Married	Armed Forces?			If Yes, a	pecify Cub	Hispanic Origin? (S an, Mexican, Puerl	to Rican, etc.)	Bled	ck, White, et	
)20 Irs af	F, 0	by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	10		1□ Yes	2⊠ No	Specify:		Specify	v: wl	nite
21215-0020 d within 72 hours af	ar H	pe	15. Decedent's E	ducation		16a. Dec	edent's U	sual Occu	pation		16b. Kind of B	usiness/Indu	stry
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פ י	a de T	Be C	17. Father's Name (First, Middle, Las	1)					18. Mother's Nar	me (First, Middle,	Maiden Suman	10)	
Maryland	and Mental Hygi Is marked other sumatic event, I	ToE	Jacob Lester Snyo	ler					Berth	a Grace	Shamber	ger	
daryla 2 should	am s		19a. Informant's Name/Relationship	(Type, Print)		19b. Ma	iling Addre	ss (Stree	t and Number or Ru	ural Route Numb	er, City or Town,	State, Zip C	ode)
2 p:			Robert H. Ford, 3	Jr son		19	016	Long	Meadow R	oad, Hag	erstown	, Md.	21742
ore es 1	of He		20a. Method of Disposition	Dameus from State	20b. PI	ace of Dis	position (A	lame of r other ple	oce)	Date	20c. Location -	City or Tow	n, State
Pag .	ITY O		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Cont		Res	t Ha	ven C	emete	ery 3	-16-98	Hagers	town,	Marylan
Baltimore,	Department of Heelth Important: If item 27 any Injury or other tronce.		21. Signature of Funeral Service Lice	nsee	*	1	22. Name	and Addre	ess of Facility M	INNICH I	FUNERAL	HOME	
m 8	SEES		Scelle	VIII	uca	en	415	E.Wil	lson Blvd				1740
//	ysician Medical aminer	er	shock, or heart failure. List only Immediate Cause (Final disease or condition resuiting in death)	a. End	stagi	e Ci	non/	C O1	bstructru	ie pulm	onarydi		S years
ox 68760, certificate be executed	nding physician end use es the burial-transit	√Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last	b	Due to (or								
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P.O.	y the	Physician/N	Part II. Other significant conditions	contributing to death b	ut not resu	eng in the	underlying	g cause gr	ven in Part L	- L			he cause of death
U E	deta	by PI								1,00	Yee 2 No	3 Prope	ibly 4 ☐ Unknow
I Records, P.O. Box The lew requires that the death cer	s been signed by the 2 should be detached	Completed b									an autopsy med?	com	e autopsy findinga able prior to pletion of cause eath?
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Vital	certificate rector, pag	Be C	25. Was case referred to medical						26. Place of Dec	ath (Check only o	ine)		
of Vita Physician:	0 0	To	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpetie	nt 201	:R/Outpat	ent 30	DOA OI	4X Nursing I	lome 5 Resi	dence 6 Oth	er (Specity)	
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in a feet	or: Af	atic	2 Accident investigation	in		,	М		Yes 2□No				
Division To the Hospital or Attending	within 24 hours effer death. To the Funeral Director: Affer complately filled in by the funer	Certification:	3 Suicide 6 Could not be determined		ury - At hor c. <i>(Specify</i>	me, ferm,	street, fect	ory, office		28f. Location (City or To	Street and Numb vn, Stete)	per or Rural i	Route Number,
Hospi	Funer ately fill	edicai	29a. Certifier (Check only one) 15 Certifying Pt 2 Medicat Example 16 Certifying Pt 17 Certifying Pt 18 Cert	nyelcian: To the best of miner: On the basis of and manner sta	examinati	rledge, de on and/or	ath occurre Investigeti	ed at the ti	ime, date end plece opinion, death occu	e, and due to the urred at the time,	cause(s) and ma date and piace,	anner as stat and due to t	ed. he cause(a)
o th	ompl	Me	29b, Signature and title of certifier	3			- 2	9c. Licen	se number		29d. Dete signe	d (Month, Di	by, Year)
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			20 Name and add	annetes de l'estate de la	M- /44 -	00-1 (7	- Dates	10	JEUTI				
			30. Name and eddress of person who EVARISTO R. LARL	completed cause of d	eath (Item	238) (Typ 38-0 S	e, Print)	plane	1 Aug 11	morta	in mi	21	740
7	Cha	10	31. Dete filed (Month, Day, Year)	32 Hadlett	are Signati	IFO			1.00, 11	age 5 100	1110	9	170
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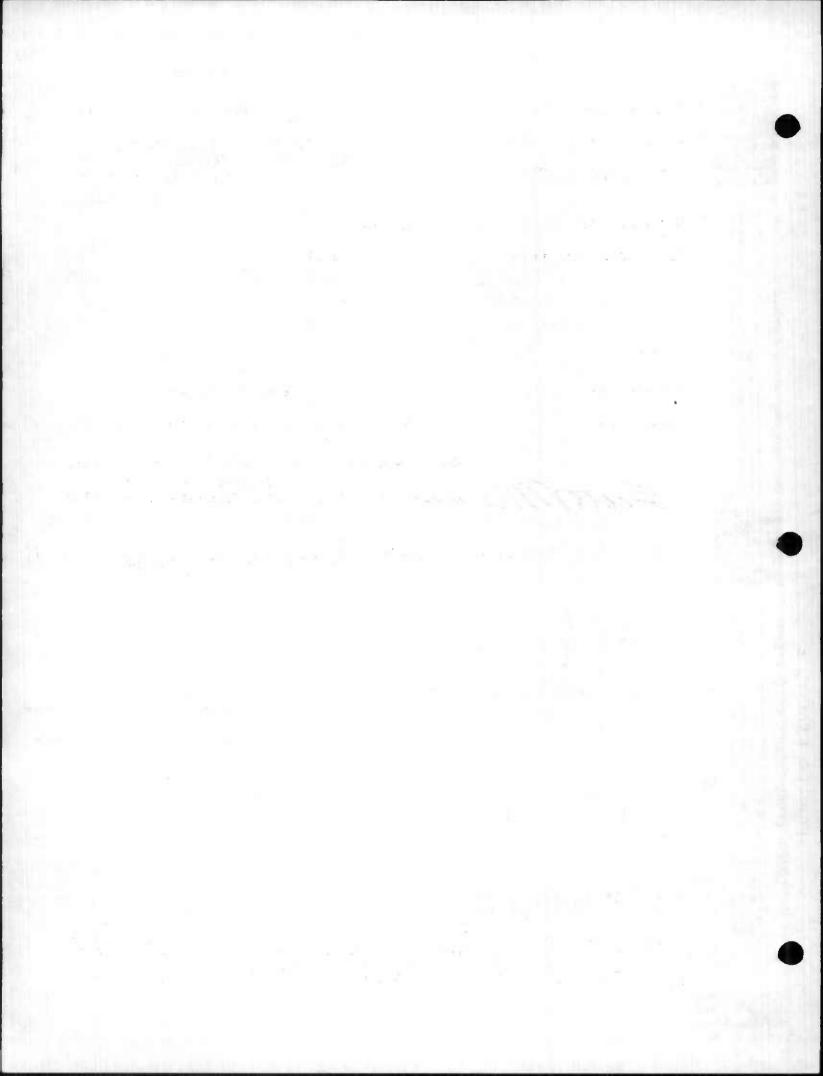
State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of		vioritai i i j	Reg. No.	J U S	195
П	Physic	ian	1. Decedent's Name (First, Middle, La	st)					2. Date of De Month	ath Dey	Year	3. Time of Death
	/Medi		Francis Edgar FO						March		1998	11:50
1	Exami	ner	4e. Facility Neme (If not institution, giv					4b. City, Town, or L	ocation of Death	4c. Count	y of Death	
_		-	Washington County				ler 1 Year	Hagerst			hingto	
L	Funeral Director		5. Sociel Security Number 6. S 216-14-6635 Usual Residence of Decedent	7. Aç	pe (In yrs. last 76	Yrs. Month		Hours Min.	8. Date of Bin (Month, De May 7	th y, Year) 1921	9. Birthple Count Mary	ace (Stete or Foreign try) Land
	death with the Marylend rms 23a or 28a-f ehow nast to notified		10a. State 10b. County		10c. City, T	own or Location					10	Od. Inside City Limits
	Mar Mar	ctor	Maryland Washin	gton		Hagersto	wn					1 X Yes 2 □ No
	or 28	Oire.	10e. Street and Number				Zip Code			10g. Citizen of	What Count	ry?
	ath w	rai	125 N. Prospect	Street			21	.740	Y	U.S.	Α.	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryler I Heelth and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified as	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 MDivorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 X If Yes, Give Year or Detes:			edent of Hoecify Cuba 2 No	lispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)	- 14. Ra Bla Specii	ca - America ick, White, e	etc.
5-0	72 ho	eted	15. Decedent's Ed (Specify only highest gra	Jucation	1	6a. Decedent's Us	sual Occup	ation	kina	16b. Kind of B	usiness/Ind	ustry
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	filed within Hygiena. ther than		0-4 17. Father's Neme (First, Middle, Last)	0		Laborer		44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		Unkn		
Maryland	Mental Firked of	Be						18. Mother's Nam			ne)	
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re,	of Heelth of Heelth litem 27 r other tr		20a. Method of Disposition		20b. Place	of Disposition (A	eme of		Date	20c. Location		
E	Pages nent of int: If its		1 N Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specific					al Park	3_13_98	Hagare	tour	Maryland
Baltimore,	permit. Pages 1 and 2 s Department of Heelth ar Important: If item 27 ie any Injury or other trau 2000.		21. Signeture of Funeral Service Licen		, ocua	22. Name	end Addre	ss of Facility Mi	nnich Fi	magers!	Home	Maryland
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	1000		23a. Part1. Enter the diseese, or com- shock, or heert feilure. List only	plicetions that caused	the death. D	o not enter the m	ode of dyin	g, such as cerdiac	-			Approximete Interval Between
	/Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	a. Cura				E pul.	mony	ydu	Jack	3 weeks
68760,	death certificate be executed eattending physician end of for use as the buriel-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C		a consequence of						
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	death he atte	Physician/	Part II. Other significant conditions of	ontributing to death b	ut not resulting	g In the underlying	cause giv	en in Part I.	23b. Did t	obacco uss co	entributs to	the causs of death?
s, P.O	res that the de igned by the a be datached t	by Phy							业	Yes 2□ No	3 Prob	abiy 4 🗆 Unknown
Records,	ew requi	Completed								an autopsy med?	com	re autopsy findings ilable prior to apletion of cause leeth?
E	F es e	Co							1 🗆 Y	es 2 No	10	Yes 2□ No
Viital	ician: The certificeta rector, pag	Be	25. Was case referred to medical examiner?	Hospital, 3.			011	28. Place of Deal	th (Check only o	ne)		
of	g Phys terthis neral di	tion: To	1 ☐ Yes 2 ☐ No 27. Menner of Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a, Date of Inju (Month, De	ry 281	Outpatient 3 0 D. Time of Injury	28c. Injun Worl	4 □ Nursing Ho	ome 5 ☐ Resid			1
Division	al or Attendir s efter death. al Director: Af ed in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injuding, etc.	ury - At home, c. (Specify)	, farm, street, facto	ory, office		28f. Location (S City or Tow	Street end Num l m, Stete)	ber or Rural	Route Number,
	To the Hospital or / within 24 hours effer To the Funeral Dire completely filled in b	edicai	29a. Certifier (Check only one) Condition 2 Medicat Example 1	ysician: To the best of liner: On the basis of and manner sta	examination	ige, death occurre and/or investigation	d et the tim on, in my o	ne, dete and plece, pinion, death occur	end due to the d red at the time, d	cause(s) and models determined the conditions and conditions are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditions as a second condition are conditional conditions are conditional conditions as a second condition are conditional conditions as a second condition are conditional conditions are conditional conditions.	enner es ste and due to t	ited. the cause(s)
	with To the	Σ	29b. Signature and title of certifier	2-1	1		9c. License			29d. Date signe	d (Month/D	ley, Year
			1 Dun 7. 1	104	DO	•	1) 2	6523		3/1	121	18
			30. Name and address of person who o	1007 1V	-2-	B) (Type, Print)	SET	esthe.	1 77	1) 21	174	
	Sta Registr	- 1	31. Date filed (Month, Dey, Year)	1998 32. Registra	ir's Signature	dson-Rande	00					

DHMH 16 Rev 6/95

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FOWLER, FRANCIS



Amended Box 6 2 gombio 3-16-98

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

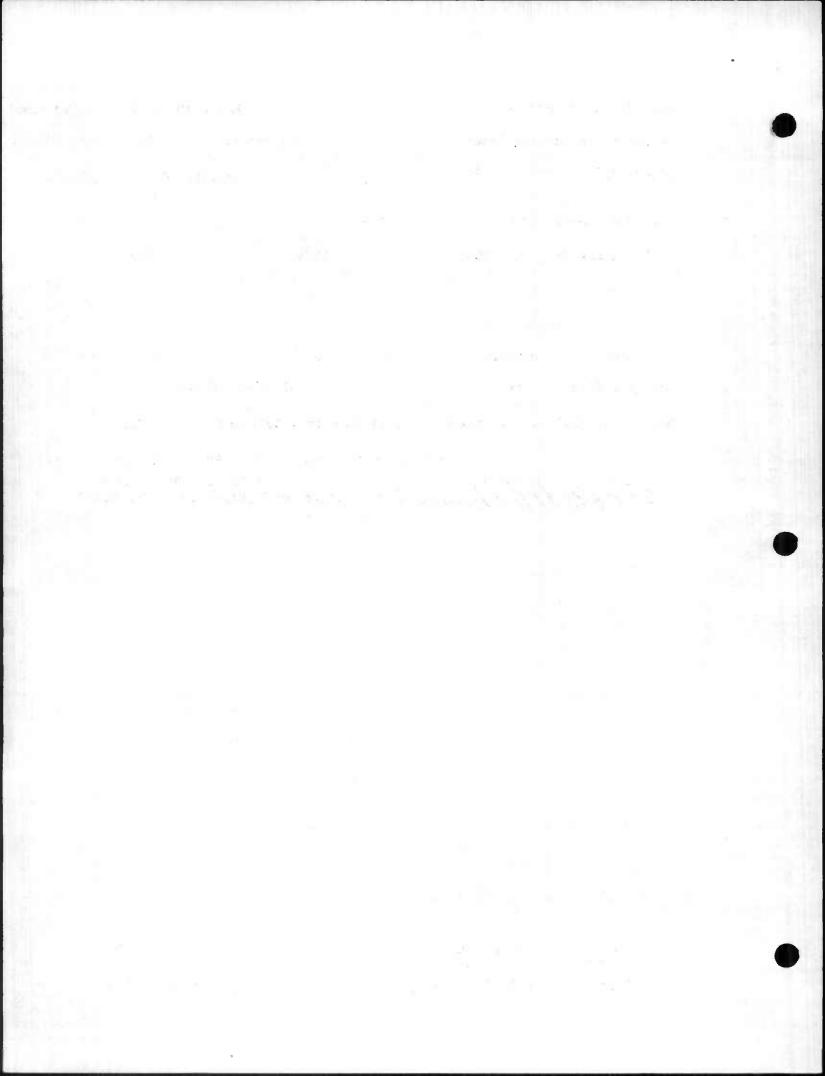
State of Maryland / Department of Health and Mental Hygiene

Certificate	of Death

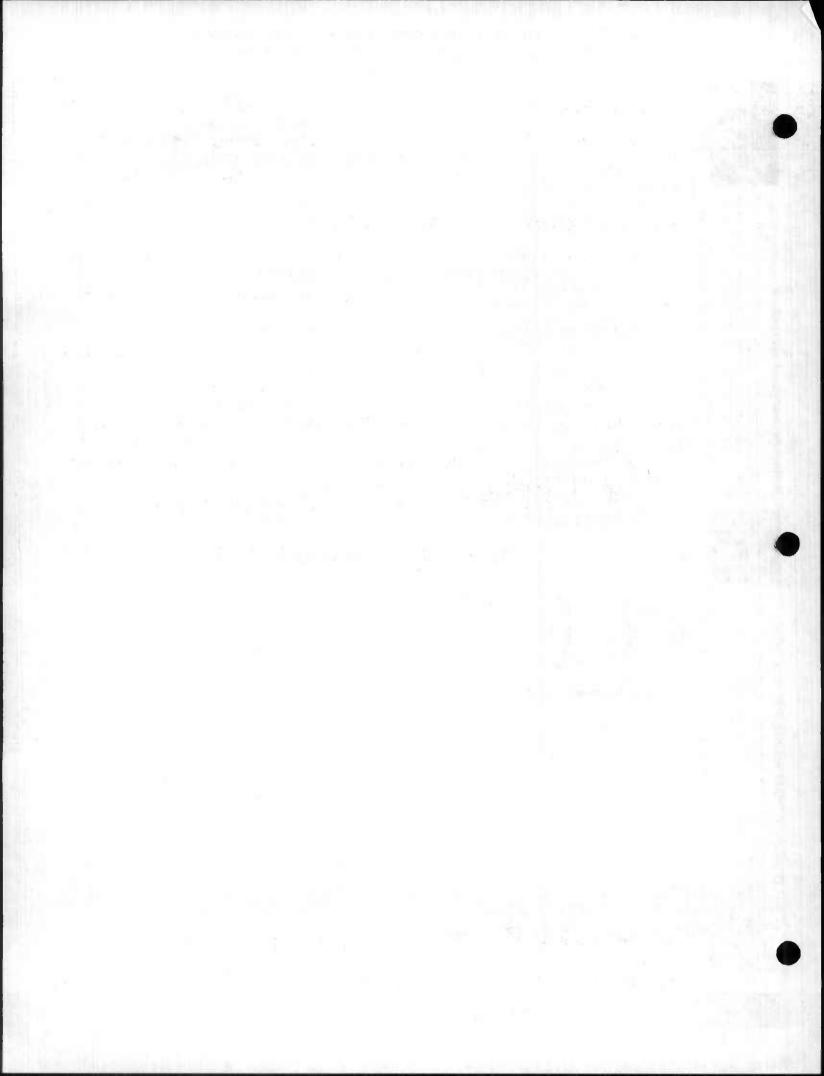
	Physic /Medi		1. Decedant's Name (First, Mid Anna Elizabet	h FOWLER								10, 19	Year 98	3. Time of Death 5:10 a.m
7	Exami	ner	4a. Facility Name (If not institute Colton Villa						4b. City, Tow Hage		ocation of Deal		y of Death ashin	
	Funeral Director		5. Social Security Number 578-38-1210 Usual Residence of Decedent	6. Sex 1851 M 2⊠F	7. Age (In yrs. 97	last birthday) Yrs.	If Under 1 Months	Yeer Deys	Hours	4 Hrs. Min.	8. Date of Bi (Month, D Oct • 2!			place (State or Foreign ntry) rginia
	e Marylend la-f show	ctor	10a. State 10b. Coun	shington	10c. Ci	ty, Town or Lo								10d. Inside City Limits 1 X Yes 2 □ No
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5-0020	Surs - E	by Funeral	11. Meritei Stetus 1 □ Never Married 2 □ Ma 3 □ Divorca	Armed I	2 No Sive		Wes Decede f Yes, specif 1 Yes 2			in? (Spe Puerto	ecify Yes or No Rican, etc.)	Ble	ce - Ameri eck, White, fy: wh	
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Mai	12 sho h end ls ma		19a. informant's Name/Relation									er, City or Town		o Code)
	iges 1 and int of Heelth if item 27 or other tr		Dr. Sam W. Fo	wier, Jr.		Place of Dispo			St., B	BALE	Date	Md. 212 20c. Location		own State
Baltimore,	00-		1⊠ Burial 2 □ Cremetion 4 □ Donetion 5 □ Other		n Stete	dge Hi	netory or oth	er ple		3-	-13-98			, W. Va.
Bai	permit. Pag Department important: b any injury o		21. Signature of Funaçai Servic	tom	Dum	ul	15 E.W	ils		vd.,	Hagers	FUNERAL town, M		740
	Dharalalan		23a. Part1. Enter the disease, shock, or heart failure. Li	or complications that st only one cause on	ceused the deal aach line.	th. Do not ent	er the moda	of dyir	ng, such as co	erdiac o	or respiratory a	rrest,		Approximata Interval Between Onset and Death
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	certificate be axecuted ding physician and ise as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate			or as a conseq	uence of):							
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68760	ficete p phys	edlo	resulting in death) Last	1	Due to (d	or as a conseq	uence of):							
XO		an/Medical		d		X								X
			Part II. Other significant condi	tions contributing to	death but not res	suiting In the u	nderlying ca	use giv	ven in Part i.		23b. Did	tobacco use c	ontribute t	to the cause of death
S, P.O	es that the deeth igned by the atte be detached for	by Physic			rail						10	Yes 2 No	3 Pro	bably 4 Unknow
Records,	v requir been s should	Completed t										s an autopsy ormed?	av	Vere autopsy findings valiable prior to completion of cause i death?
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of Vital	Physician: The lav r this certificata has ral director, pege 2	To Be	25. Was case referred to medic examiner? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2] ER/Outpatier	a□ DO4	Oth			Check only	one)	her (Snee	6.1
o uc	등 등 등		27. Manner of Death 1 ☑ Natural 5 ☐ Pend	fing 28a. Date (Mo	a of Injury onth, Dey Year)	28b. Time of injury		c. Injur Wor		A		how injury occu	1-1-1-	''/'
Division	I or Attending after death. Director: Afte d in by the fune	Certification:	3 Suicide 6 □ Coul	mined 200, Place	ce of Injury - At h ding, atc. (Special	ome, farm, atr			100 2010	-	28f. Location		ber or Rur	al Route Number,
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29e. Certifier 1 Certify (Check only one) 2 Medica	ring Physician: To that Examiner: On the and me	e best of my kno	owledge, deeth	occurred at vestigation, i	the tir	me, date and opinion, daath	place,	and due to the ed at the time	cause(s) and n date and place	nanner as a	stated. to the cause(s)
	Vithii To th	M	29b. Signeture and title of cartif		1		-		e number			29d. Dete sign		
			Marye	u gh	af.		D	28	3365)		3 - 1	1098	

30. Name and address otherson who completed causa of death (Itam 23a) (Type, Print)
MANZARD SHAPI 368 1916 Street Hagewsterm 19021740.

State Registrar

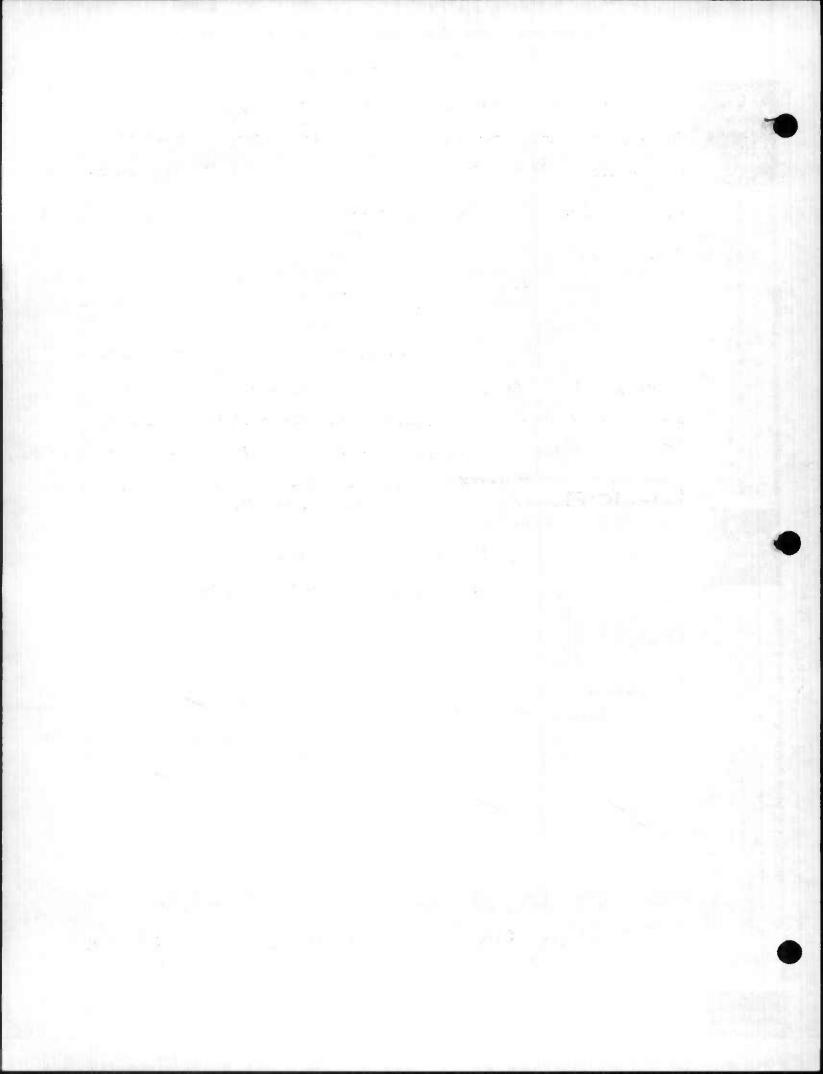


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Maryla H shov	tor	Maryland Montgome		c. City, Town or Loca Silver					10d. inside City Limits 1 ☐ Yas 2 No
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more, M eges 1 end 2 ont of Health t: If Nem 27 if y or other tra		Annette M. Diaz-De 20a. Mathod of Disposition 1 Burial 2 MCramation 3 Di 4 Donation 5 Other (Specific	Ramoval from Stata	Ob. Piaca of Disposit cametery, crema	tion (Neme of atory or other pla	1	Data	20c. Location -	City or Town, Stata
Baltimore, permit. Peges 1 e Department of Hee Important: If Nem any injury or othe	once.	21. Signature of Funeful Sarrice Lie	nokanu.	Huntt Cren	Nama and Addra	eral Home	, Inc.		, Maryland
Physicia		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o		daath. Do not antar	0. Box the mode of dyir	156, Wal	c or raspiratory a	20604 – rrast,	Approximata intarvai Batween Onset and Death
/Medica Examine	al I	immediata Causa (Final disaasa or condition rasulting in death)	a. Musive	to (or as a conseque		s in festion	N Blee	d	4 Hours
68 / 60, ficate be axecuted physician and as the buriel-transit	edicai Examiner	Sequentially list conditions, if any, laading to Immadiata cause. Enter Underlying Ceuse (Disasse or injury that initiated evants rasulting in daath) Last	c	to (or as a conseque					one week
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hat the d by the detached	by Physician/M	Part ii. Other significant conditions co	ntributing to death but no	ot rasulting in tha und	larlying causa giv	van in Part I.			ntribute to the causa of death
require been should	Completed b							an autopsy mad?	24b. Were autopsy findings availabla prior to complation of causa of death?
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of Vita Physician: rthis certific ral director,	To Be	25. Was casa rafarred to medical axaminar? 1 2 Yas 2 No	Hospital:	2 ER/Outpatiant	3□ DOA Oth	ner	ath <i>(Check only c</i> Ioma 5 ☐ Rasi		ar (Specify)
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or Att		3 Suicida 6 Could not be datarmined	28a. Piece of injury - building, atc. (S	pecify)			City or To	vn, Stete)	er or Rural Routa Number,
the Hospital hin 24 hours a the Funeral I	edical	29a. Certifiar 1 To Cartifying Phy (Check only one) 2 Medical Exami	sician: To the best of my ner: On the basis of exa and mannar stated.	/ knowledge, death o minetion and/or inve	stigation, in my c	me, data end piece ppinion, daeth occu	e, end due to the urred at tha tima,	ceuse(s) end ma data and place,	nner as steted. and dua to the causa(s)
To the within 7 To the comple	×	29b. Signatura and titla of certified	self m	מו	29c. Licens	3516Z			(Month, Day, Year) 11, 1998
0.4		30. Name and addrass of person who complete SCHMD	ompiated causa of daath		int) 801 L	OCK WOOD	PRIVE	SILVI	FR APRING MD 20901
S Regis	tate	31. Data filad (Month, Day, Year)	32. Registrar's 8	Signatura	ul. H				



State of Maryland / Department of Health and Mental Hygiene

			(Certificate of	Death		Reg. No.	09/98
Physicia	an	Decedent's Neme (First, Middle, Last)		P I	7_	2. Dete of De Month		3. Time of Death
/Medic		Charles Howard	i.	Gobin	Jr.	march	11 19	98 16:01
Examin	er	4e. Fecility Neme (If not institution, give street end number)	. 1			Location of Deeth		
		Washington County Hospita			Hagerst		Washir	
Funeral Director		5. Sociel Security Number 193–12–8825 6. Sex 10 M 2 F 73		Months Deys	Hours Min		7.1924 E	P. Birthplece (State or Foreign Country) Pennsylvania
and **		Usuel Residence of Decedent 10a. Stete 10b. County 10c. County	City, Town	or Location				10d. Inside City Limits
ith the Marylan or 28a-f show	ector	Pa. Fulton McC		ellsburg				1 ☐ Yes 2 No
ath with the 23s or 2	Funeral Director	P.O. Box 236		10f. Zip Code 17233			10g. Citizen of Wh	et Country?
aryland 21215-0020 should be filled within 72 hours after death with the Maryland and Mental Hygiene. marked other than "natural; or items 23s or 28s-1 show umatic avent, fra Medical Examinet must be notified as	by	11. Meritel Status 1 □ Never Married 2 Merrled 3 □ Widowed 4 □ Divorced 12. Wes Decedent Ever in Amged Forces?	13. Wes Decedent of H If Yes, specify Cub 1 ☐ Yes XX No	dispenic Origin? (i en, Mexican, Pue Specify:	Specify Yes or No- to Rican, etc.)	14. Race- Bleck, Specify:	American Indien, White, etc.	
72 hours	eted	15. Decedent's Education (Specify only highest grade completed)	16e. [Decedent's Usuel Occup	pation	rkina	16b. Kind of Busi	ness/Industry
re, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours at f Health and Mental Hygiene. tem 27 is marked other than "natural", or other traumatic avent, the Medical Exer-	Be Completed	Elementery/Secondary (0-12) College (1-4or 5+)		Give kind of work done life. DO NOT use retire LCklayer	d) most of wo	nking	Constru	ıction
Hyg other	e C	17. Fether's Neme (First, Middle, Last)	102.3	contayer	18. Mother's Na	me (First, Middle,	Maiden Sumeme)	
lenta ked ic sv	To B	Charles H. Gobin			Margar	et	Ron	nig
shou shou		19e. Informent's Neme/Reletionship (Type, Print)	19b.	Melling Address (Street				
and 2 alth a 27 le r tra		Anne Gobin / wife	P.(D.Box 236	McConn	ellabur	g,Pa.17	7233
Baltimore, Mapering Permit. Pages 1 and 2 s Department of Health an Important: if Item 27 is any injury or other trauging.		XXx Co	cemetery	Disposition (Name of cremetory or other placemetery	ce)	3/15/98	20c. Location - Ci	ty or Town, State nellsburg, Pa
Balti permit. Departm Imports any Inju		21. Signature of Fungerel Service Licensee		22. Name end Addre Burner T	rade Se	rvices	1037 I	Oual Place
		23a. Pert1. Enter the disease, or complications that caused the deshock, or heart feilure. List only one cause on each line.	eth. Do no	Hagerston	wn, Md.	21740	rest	Approximete
Physician		shock, or heart feilure. List only one cause on each line.						Intervel Between Onset and Deeth
/Medical		Immediate Cause (Final	-1	Panau	10 a D 10 D			Days
Examiner		disease or condition resulting in death)	ray		muna			1,000
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0, e exe ian a		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury					0	
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ing p	Mec							
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by the at	Physician/	Pert II. Other significant conditions contributing to deeth but not re	sulting In (the underlying cause given	ven in Pert I.	23b. Dld 1	obecco use contr	ibuta to the cause of death?
S, P.O. es that the igned by the	by Phy	Kenal Failurge				127	Yes 2□ No 3	☐ Probably 4 ☐ Unknown
of Vital Records, P.O. Box 68760, Physician: The law requires that the death certificate be execut this certificate has been signed by the attending physician and ral director, page 2 should be deteched for use as the burial-tran	Completed					24e. Wes perfo	en eutopsy rmed?	24b. Were eutopsy findings avelleble prior to completion of cause of death?
II Re	EO					101	es 20 No	1 ☐ Yes 2 ☐ No
VITAL I	Bec	25. Wes case referred to medical			26. Piece of De	ath (Check only o	ne)	
dire dire	To	exeminer? 1 Yes 2 No Hospitel: 1 Impatient 2	☐ ER/Outp	Datient 3 DOA Oth	ner: 4 Nursing I	Home 5 Resid	lence 8 DOther	(Specify)
On O ding Ph h. After thi funaral	ü	27. Menner of Deeth 1 ☑ Naturel 5 ☑ Pending (Month, Dey Year)	28b. Tir	me of 28c. Injur		1	ow Injury occurred	
VISION Of VITA Attanding Physician: or death. ector: After this certific by the funaral director.	atlo	2 ☐ Accident investigation			Yes 2□No			
2 9 # F =	Certification:	3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At building, etc. (Spec		m, street, fectory, office		28f. Location (S City or Tox	Street end Number n, Stete)	or Rural Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) 1 Certifying Phyalclan: To the best of my kn 2 Medical Examiner: On the bests of examiner end menner steted.	owledge, etion end/	deeth occurred et the tir or Investigetion, in my c	me, dete and plec opinion, deeth occ	e, and due to the curred et the time,	ceuse(s) end menn dete end pleca, en	ner as steted. d due to the ceuse(s)
o the	Mec	29b. Signature and title of dertifler		29c, Licens	se number		29d. Date signed (Month, Dey. Year)
F * F 8		· 1 demy MD		D	4182	7	3/12	198
		30. Name and eddress of person who completed cause of deeth (Ite	m 23e) (T	ype, Print) 221 0a	le hill	avame	Hage	stown
Stat	_	31. Dete filed (Month, Pey Year) MAR 13 1998 33 Registrars Sign	ieture	ndano.)	MD21742



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Month March 1998 Helen Louise GRIER 4a. Facility Name (If not institution, give street and number) 4b, City, Town, or Location of Deeth 4c. County of Death Fahrney-Keedy 5. Social Security Number 6. Sex Boons boro Home If Under 1 Year emorial Washington 9. Birthbace (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) 1 M 2 XF Months Deys Hours Min. 214-09-6095-D 86 Usual Residence of Deceden 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Washington Boonsboro 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8507 Mapleville Road 21713 U.S.A. 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify 3 □XWidowed 4 □ Divorced White 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Her own home 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Victor Elwood Linder Lida Harriet Dellinger 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9938 Fieldstone Drive Jack B. Grier - Son Hagerstown, Maryland 21740 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Buriai 2 Cramation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Spacify) Rest Haven Cemetery 3/12/98 Hagerstown, Maryland 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Fecility Minnich Funeral Home Hagerstown, Md. 21740 415 E. Wilson Blvd. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as consequence of) Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? remany 25. Wes case referred to medical exeminer?

Physician /Medical Examiner

and

LOUISE Dallinger Grier Division of Vital Records, P.O. Box 68760,

use as the burial-transit

ed by the attending physician detached for use as the buria

signed by

should l

After this certificate has

To the Hospital or Attending Physi-within 24 hours after death. To the Funeral Director: After this c completely filled in by the funeral din

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

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2

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner mant be notified at

Department of Health and Mental Hygiena. mportant: If Item 27 is marked other than "natural",

other

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Pages 1 and 2 should be nent of Health and Mental

with the Maryland

death

ouise Dellinger Grich

Physician/Medical à Completed 2 27. Manner of Deeth Certification:

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28b. Time of 28c. Injury et Work? 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

2 ER/Outpetient 3 DOA

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a, Certifier

1 Netural

2 Accident 3 Suicide

4 ☐ Homicide

1 Yes 2 No

Sertifying Physician: To the best of my knowledga, daath occurred at tha time, data and place, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature and title of cartifiar

5 Pending invastigation

6 Could not be determined

29c. License number

Hagers town

29d. Date signed (Month, Day, Year)

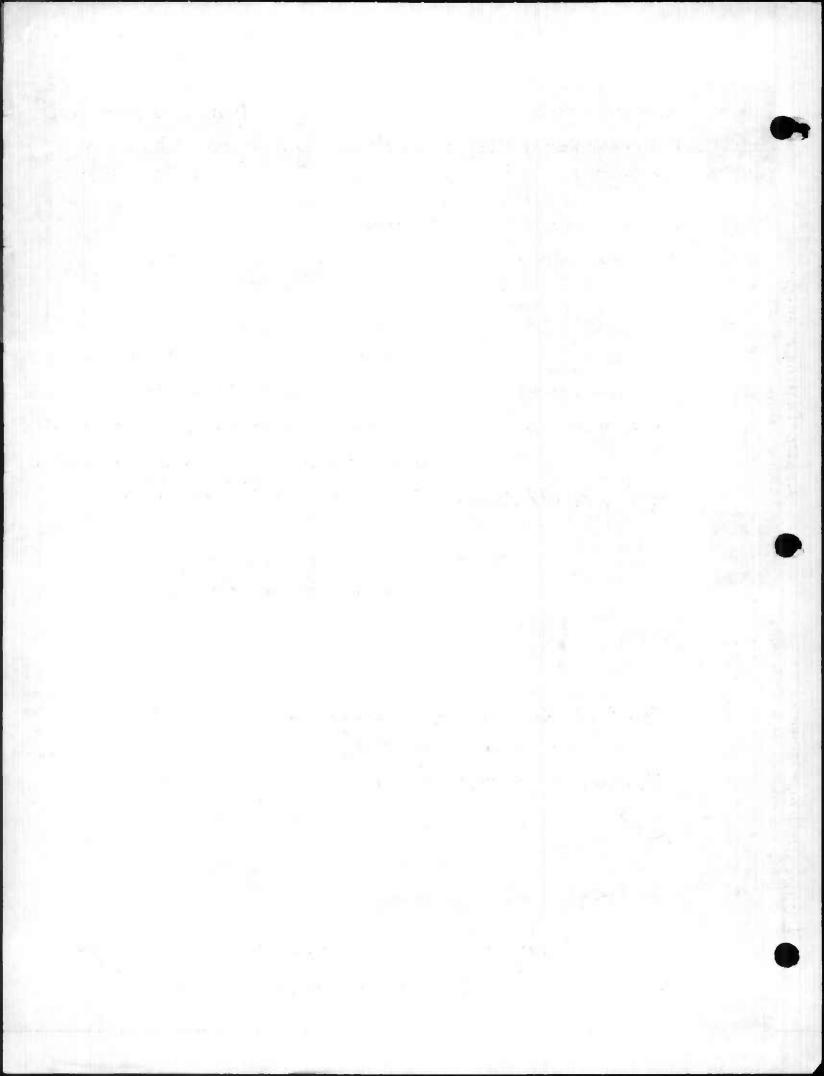
ed cause of deeth (Item 23a) (Type, Print)

354 31. Date filed (Month. 32. Registrar's Signature June Davidson-Randall

1 Inpatient

State Registrar

Medicai



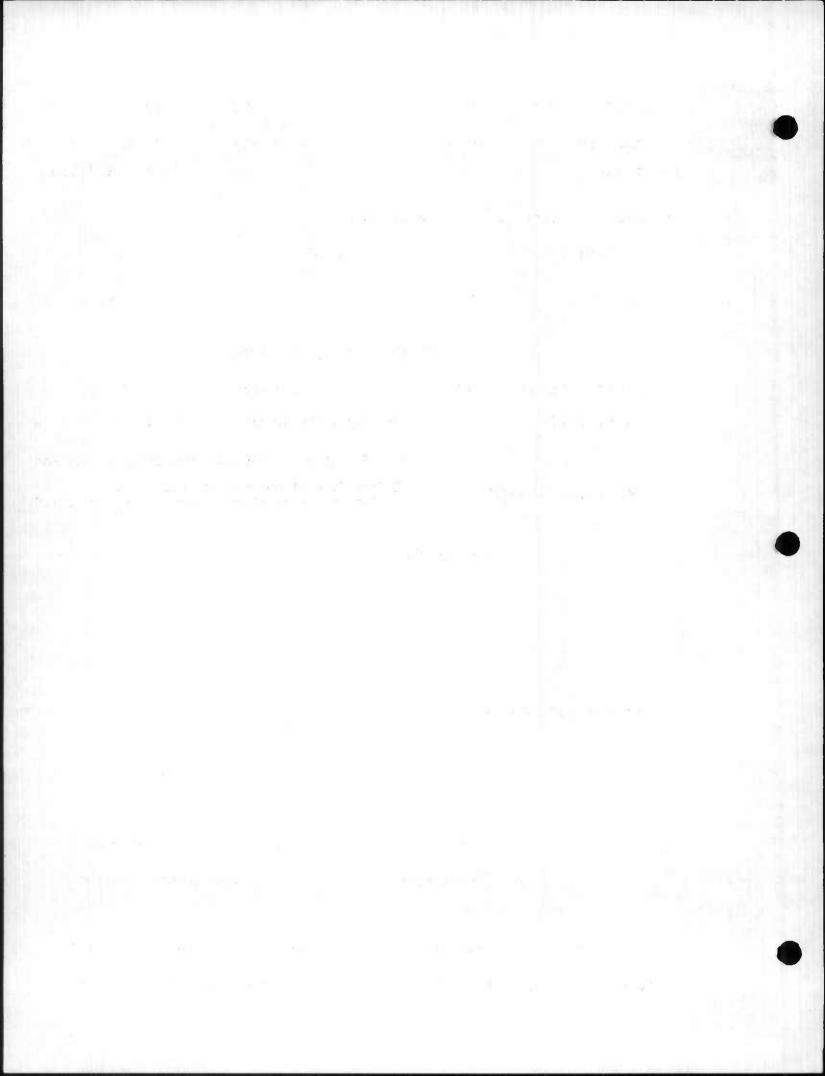
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day 1998 Month **Physician** March 4, JANICE ELAINE GOFF 0450 /Medicai 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington If Under 1 Year Months Days Hours Min. 8. Dete of Birth Nov. 26,1930 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Maryland 1□ M 2♥ F 67 220-74-5658 Director Usuel Residence of Decedent the Marylend 10e. State 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Washington 1 ☐ Yes 2√ No Maryland Director Hagerstown 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code with 16131 Spade Road 21740 U.S.A. Funeral death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. 11. Marital Status Armed Forces 2 should be filled within 72 hours after and Mental Hygiene. Is marked other than "natural", or ite 1 ☐ Yes 2 ☐**\(**No If Yes, Give 1 Never Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Developmentally Challenged 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) James Harold Goff Lucille Dyche 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 sh Depertment of Health and Important: If item 27 Is m any Injury or other traum once. 1304 Pennsylvania Avenue, Hagerstown, Md. 21740 Helen E. Goff 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Rest Haven Cemetery 03-06-98 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown, Maryland 21. Signature of Funeral Service License Andrew K. Coffman Funeral Home, Inc. R. hael 40 East Antietam Street, Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in death) Septic Shock 72 hrs. Examiner Due to (or es a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, 9 Physician/Medical Due to (or as a consequence of) 88 attending 980 ō ed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by I 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Fracture Left Femur þ 24a. Was an eutopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? Completed peed hes 1 Tes 2 No 1 ☐ Yes 2 ☐ No Division of Vital director, 25. Was cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Yos 2□ No 2 funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: or Attending F after death. 5 Pending investigation 1 Naturel fell at group home 1 ☐ Yes 2 ☐ No 2 X Accident Feb. 7,1998 Unknown™ 6 Could not be determined To the Hospital or Atter within 24 hours after der To the Funeral Director completely filled in by th 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 16131 Spade Road 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hagerstown, Maryland 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D-01062 March 5, 1998

State Registrar 31. Date filed (Month, Dey, Year)

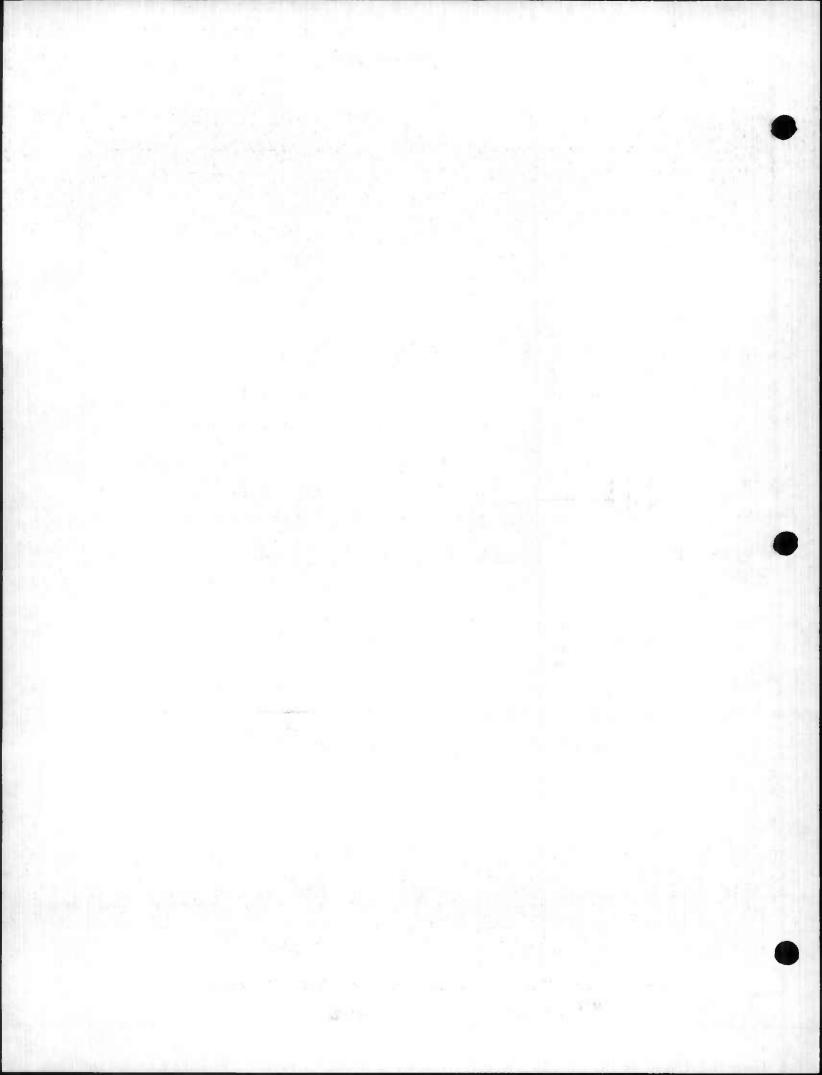
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

06 1998

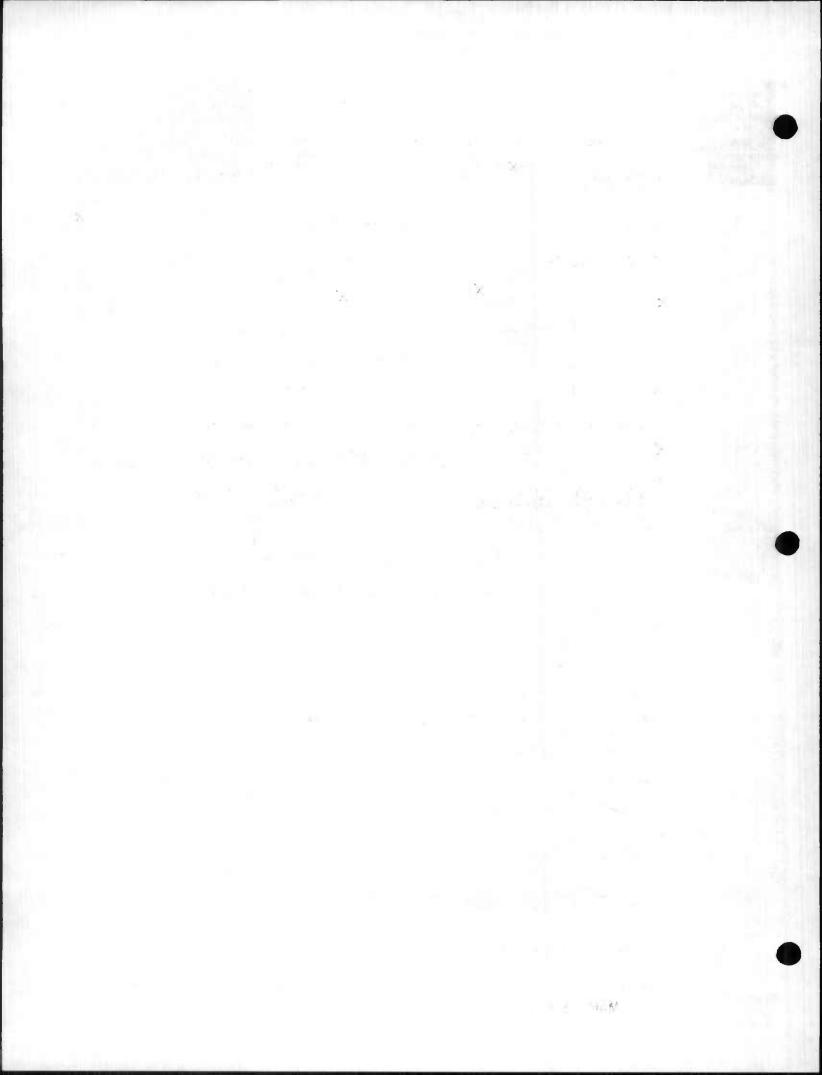


State of Maryland / Department of Health and Mental Hygiene

Physic		1. Decedent's Nem	e (First, Middle, L	ast)		0011	ificate of		2. Dete of Dee			3. Time of Death
ritysii	cian								Month	Dey	Yeer	2 22
/Med		ERNEST	f not institution, a	ive street end numbe	ar)	GE	RARDI	4b. City, Town, or	MARCH Location of Deeth		98 of Deeth	3:10 AM
Exam Funera Directo	ī		y Cente	r; Genesi		birthday)		Salisbur If Under 24 Hrs Hours Min.	y Md. 8. Dete of Birtl	Wico	Mico 9. Birthpled Country	e (State or Foreign n a .
land m		10e. State	10b. County		10c. City, To	wn or Loca	ation				10d	Inside City Limits
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72 hours efter death with the Maryland natural, or items 23a or 28a-f show 3 all Examiner must be notified at	by	11. Meritel Status 1 □ Never Marri 3 □ Widowed	ied 2 Married	12. Wes Deceder Armed Force 1 Yes 2 If Yes, Give Yeer or Deter	s? No		es Decedent of F Yes, specify Cub	dispenic Origin? (Sen, Mexicen, Puer Specify:	pecify Yes or No- to Rican, etc.)	Bled	e - American ck, White, etc	
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should be nd Mental marked o	To Be		Gerar	di	1	9b. Mailing	Address (Street		tina (Unknow	vn)	ode)
ロミトコ		Frank L	. Gerai	rdi Sr./	Son	208	West Co	entral	Ave. Fe	derals	burg.	Md.
permit. Pages 1 en Department of Heal Important: If Itam 2 any Injury or other once.			☐ Cremation 3 5 ☐ Other (Spec		20b. Plece ceme	of Dispositery, creme 1 cre	tion (Neme of atory or other ple St Ceme Name end Addre	etery	3/14/98	Feder	alsbu	rg,MD.
Physician /Medical Examiner		23e. Pert1. Enter the shock, or hee Immediate Ceuse (disease or condition resulting in death)	Finel	e. Ro	Due to (or es	Fun	the mode of dyin	Audi	c or respiretory er	rest,	A	pproximete tervel Between inset end Death
certificate be executed nding physicien end use es the burial-transit	n/Medical Examiner	Sequentielly list co if eny, leeding to In ceuse. Enter Unde Ceuse (Diseese or that initieted events resulting In death) I	nditions, imediate rtying Injury	c	Due to (or es	e consequ	Sepa	1 worff 825	newy	Ans		
deeth cert	icial	Pert II. Other aignif	Icant conditiona	contributing to deeth	but not resulting	In the unc	lerivina ceuse aix	ven in Pert I.	23b. Did t	obacco use co	ntribute to th	e cause of death
that the deeth cert ed by the ettendin detached for use	by Physician/M	_							101	_/	3 Probat	
5 5 6	Completed	CHI	ZONIC	- men	ingo -	. En	cefh 4	lits	24a. Wes	en eutopsy med?	evaile	eutopsy findings ble prior to letion of cause eth?
sw requires s been sign 2 should be	9								1 🗆 Y	es 20 No	1 🗆 Y	es 28 No
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The law requires ate has been sign pege 2 should be	Be	exeminer?		1 Inpa		Outpetient Time of Injury	3□ DOA OII 28c. Inju	Nursing I	lome 5 Resid			
hysicien: The law requires his certificate has been sign i director, pege 2 should be	To Be	1 ☐ Yes 2 ☐ 27. Menner of Deett 1 ☐ Neturel 2 ☐ Accident	5 Pending Investigeti	on	Dey Year)	піјагу	M 1	Yes 2□No				
tending Physician: The law requires leeth. or: After this certificate has been sign the funeral director, page 2 should be	Certification: To Be	1 ☐ Yes 2 ☐ 27. Menner of Deetl 1 ☐ Neturel	h 5 Pending	(Month, I	Dey Year) Injury - At home, etc. (Specify)			Yes 2 No	28f. Location (S City or Tow		per or Rurel R	oute Number,
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		Decedent's Name (First, Middle, Last)	Certificate of L		Reg.	No.	3. Time of Death
Physic /Med	ical	Lydia	Louise	Graves	1.	Month arch 15	1998 Year	1407
Exami Funeral Director		4a. Facility Name (If not institution, give The Kent and Queen 5. Social Security Number 218-20-7643 Usual Residence of Decedent	Anne's Hospita	l, Inc.	Chesterto	A 1/2 1		oplace (State or Foreign intry) land
show	2	10a. State 10b. County		wn or Location				10d. inside City Limits 1 Yes 2 No
with the N or 28a-f	Dire	Maryland Kent 10e. Street and Number	Ches	tertown 10f. Zip Code		10g.	Citizen of What Cou	
72 hours efter death with the Maryland "natural", or items 23s or 28s-f show idical Examiner must be notified at	by Funeral	600 Satterfield 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 Yes, Give Year or Dates:	13. Was Decedent of Hi If Yes, specify Cuba	spanic Origin? (Speci n, Mexican, Puerto Ri Specify:	fy Yes or No- can, etc.)	14. Race - Amer Black, White Specify:	
within iene.	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) 7th	College (1-4or 5+)	a. Decedent's Usual Occupa (Give kind of work done of life. DO NOT use retired		Vi	Kind of Business/li	ndustry
Mental Merked o	To Be	17. Father's Name (First, Middle, Last) Horace Lively 19a. Informant's Name/Relationship (Ty	ma Rainti	h Mallin Address (Carret	18. Mother's Name (i			in Oada)
es 1 end 2 s of Heelth ar f Item 27 is r other trau		Alfreda Graves 20a. Method of Disposition 1 Burial 2 Cremation 3 F 4 Donalion 5 Other (Specify)	(daughter)	b. Mailing Address (Street e 337 Cannon Si of Disposition (Name of ery, crematory or other place tuel Church ser Neck Ceme	treet,Ches	tertown, Date 20c	Maryland Location - City or T	21620 Fown, State
permit. Peg Department Important: It any injury o		21. Signature of Funeral Service Licens		22. Name and Addres Bennie Si		al Home	omona, Mary	
Physician physician and for use as the bunel-transit	edicai Examiner	should be heeft failure. List only of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Hyperte Due to (or as a	Renal For consequence of): Sure Negrous Consequence of): Consequence of):				Approximete Interval Between Onsel and Death Yeary Yeary Yeary
s that the digned by the	ed by Physician/M	Part II. Other significant conditions con Avenue Diverticula	of Chrom	in the underlying cause give		1 ☐ Yes 24a. Was an ai	2 No 3 Pro	to the cause of death? obably 4 Unknown Vere autopsy findings
e law has to	Completed	Swerlecul	ts			periormed	8	vailable prior to cause of death?
sician: certific irector,	o Be	25. Was case referred to medical exeminer? 1 Yes 20 No	fospital: 1 Inpatient 2 ER/O	utpatient 3 DOA Othe	26. Place of Death (Check only one)	6 □Other (Spec	
leath. lor: After the funer	Certification: T	27. Manner of Death 1 Netural 2 Accident 3 Suicide 4 Homicide	28a. Date of Injury 28b.	Time of 28c. Injury Work	yat (? Yes 2□No	d. Describe how I	njury occurred t and Number or Rui	
To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	afcian: To the best of my knowledgner: On the basis of examination at and manner stated.	e, death occurred at the tim nd/or investigation, in my op	e, date end plece, en pinion, death occurred	d due to the cause at the time, date	e(s) and manner as and place, and due	stated. to the cause(s)
To the within To the	Me	29b. Signature and title of certifier	r, MD.	29c. License	13/3		Date signed (Month)	
		30. Name and address of person who co	empleted cause of death (Item 23a)		stertown	44 >		



Physician /Medical Examiner

Funera Director

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heath and Mentel thygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, it a Medical Examination must be notified as

Physician /Medical Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burst-transit one pleately filled in by the funeral director, page 2 should be detached for use as the burst-transit

Division of Vital Records, P.O. Box 68760,

WILLIAM GRAFFIUS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

09803

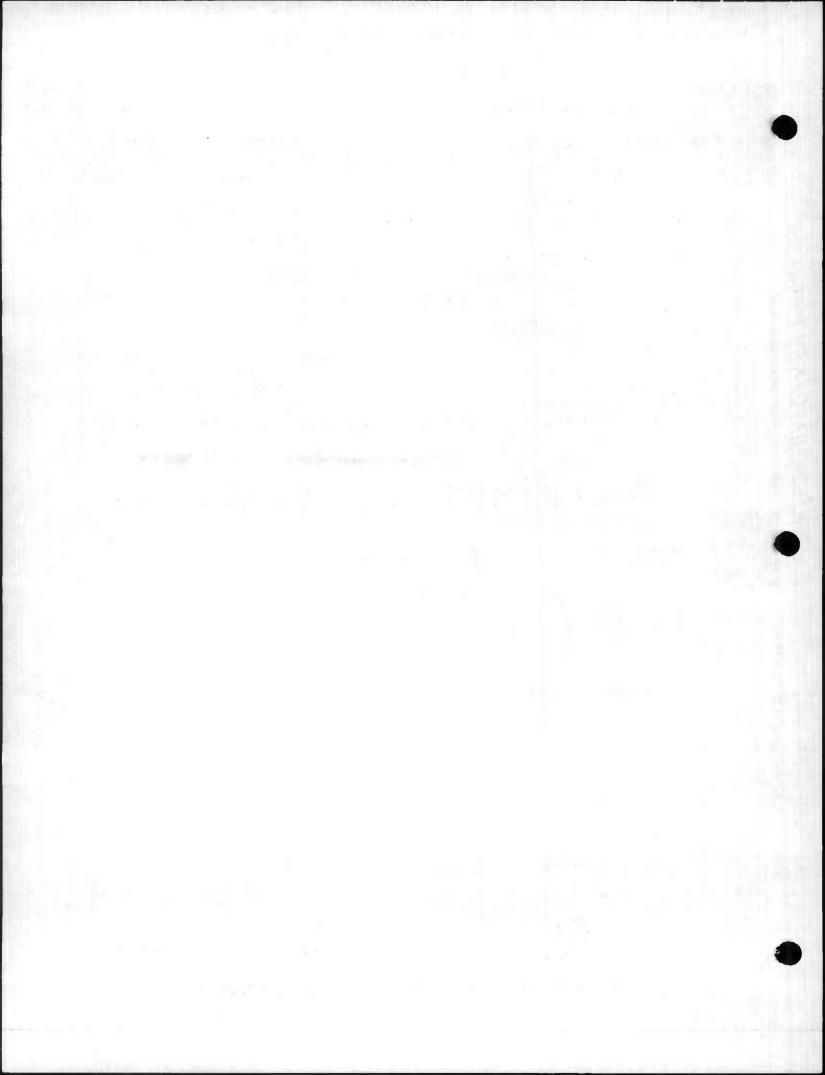
			OCI	inicate c	Dealli		Reg. No.		
	1. Decedent's Name (First, Middla, Last)					2. Data of De	eath Day	Year	3. Tima of Death
ian	WILLIAM FAIRMAN GRAF	FIUS				MAR		1998	2:19 A:M
ner	4e. Facility Neme (If not institution, giva street and no	ım <i>ber)</i>			4b. City, Town,	or Location of Deat	th 4c. Count	y of Deeth	
	CIVISTA MEDICAL CENTE	R			LAPI	ATA	CI	HARLES	S
	Social Security Number	7. Aga (In yrs. la	ast birthday)	If Under 1 Ye Months Day		Hrs. 8. Data of Bi	rth	9. Birthp	laca (Stata or Foreign
	217-09-0099 ^{1໘M 2□ F}	86	Yrs.	WOITINS Day	ys Hours N	Aug. 6	, 1911	Penn	sylvania -
	Usual Rasidanca of Dacedent								
	10a. Stata 10b. County	10c. City	, Town or Loc	ation				1	Od. Inside City Limits
cto	Maryland Charles		Wald	orf					1 Yas 2 No
Oire	10e. Street and Number			10f. Zip Cod	a		10g. Citizan ot		ntry?
100	4140 Old Washington Roa	d		2060)2		US	А	
Funeral Director	11. Marital Status 12. Was Dec Armed F	edent Ever in U,S	5. 13. W	/as Dacadant o	Hispanic Origin?	(Specify Yas or No uarto Rican, atc.)	o- 14. Ra	ce - Americ	
F	1 Never Married 2 Married 1 Yas	2 🗆 No		□Yas 2⊠h			Speci		nite
J D	3 Widowed 4 □ Divorced Yaar or i	va 1934-	30		to opeany.		Speci	iy. 111	1100
Completed by	15. Decedant's Education (Specify only highast grada complated,		16a. Deced	ant's Usuai Oci	cupation na during most of ired)	working	16b. Kind of E	Businass/Inc	dustry
igu	Etementery/Secondary (0-12) Collega	1-4or 5+)							
3	12	2	Ch	ief Eng				lewspa	per
Be	17. Fether's Name (First, Middle, Last)					Neme (First, Middle			
2	Jess Graffius				Na	ncy (unav	vailable	5)	
	19e. Intormant's Name/Ralationship (Type, Print)					Rural Routa Numb	-		
	Nancy E. Willett - Gr.Da					rive, New			
	20a. Mathod of Disposition 1 DXBurial 2 Cramation 3 Removal from	0.0	metery, cram	ition (Nama of etory or othar	olace)	Data	20c. Location		
	4 □ Donation 5 □ Other (Specify)	Ced	lar Hil	ll Ceme	tery	3-19-98	Suitla	nd, M	aryland
	21. Signature of Funaral Service Licansaa				drass of Facility	no Inc			
	Shannon W. Ramirez	M00798			neral Hon	aldorf, M	D 20604	_0156	
	23a. Part1. Enter the disaasa, or complications that shock, or haart failure. List only one cause on	caused the deeth	. Do not anta	r tha moda of	tying, such as care	diec or respiretory	errast,	-0150	Approximete intervat Batween
	onoon, or many analysis and only one odobe on	adon mia.						1	Onset and Death
	Immediata Cause (Final disaase or condition	pre	umer	new				1	
	resulting th death) a.	Dua,to (or	as e consegu	uence ot):					
ne		des	nente	3.				i	
cam	Sequentially list conditions, if eny, laading to immadiata	Due to (or	as a consequ	uance of):					
E	Cause (Disease or triury								
dica	that initieted evants rasulting in daath) Last	Dua to (or	as a consequ	ianca ot):			***		
In/Medical Examiner								İ	
60								i	
by Physici	Part II. Other significant conditions contributing to o	leath but not rasul	in tha un	daifying causa	given In Part I.	23b. Did	tobacco use c	ontribute to	the cause of death?
P						10	Yes 2 No	3 Pro	bebly 4 Unknown
1 by						04-144-	20-20-20	24h W	ere autopsy tindings
etec							s an autopsy ormed?	av	allabla prior to mpletion of cause
Completed								of	daath?
						10	Yes 2DM6	10	Yas 2□ No
Be	25. Was casa ratarred to medical axeminar?				28. Place of I	Death (Check only	ona)		
10	TE TAS ZEINO		R/Outpatient	3LI DOA	4 LI Nursin	g Homa 5□ Ras			y)
lo	1. □Naturet 5 □ Panding (Mor	of Injury oth, Day Yaar)	28b. Tima ot Injury		njuryat Vork? □ Yes 2 □ No	200. Describe	how Injury occu	med	
Ical	3 Suicida 6 Could not be	a ot Injury - At hor	no form etro			28f Location	(Street and Num	her or Rure	I Routa Number,
erti	4 Homicida datarmined 200. Prec	ing, atc. (Spacify))	at, factory, offi	, a	City or To	wn, Stata)	007 01 11070	, riodia rvanico,
C	29a. Certifiar 1 Certifying Physician: To the	hest of my know	deah anhair	occurred at the	time date and ni	ace, and due to the	causa(s) and m	nanner as s	tated
Medical Certification:	(Check only 2 Medical Examinar: On that	easis of axamination	on and/or Inv	estigation, in m	y opinion, death o	ccurred at tha tima,	data and place	, and dua to	tha causa(s)
Me	29b. Signature and titla of certifier			29c. Lica	anse number	T	29d. Date sign	ed (Month,	Day, Year)
	1 Hotalu				D-22574		3/	15/9	V
	30. Nama and addrass of person who complated cau	se of deeth (Item	23a) (Tuna E	Print)	ש 22314		1	17/1	U
					III 000 111	I DODE	0000		
	R. TIMOTHY PACE MD 700	OLD LIN	L_CENT	EK_SUIT	E_202_WA	LDOKE, M	D20601		

32. Registrass Bignatura

8. Juli Diwelson Randall

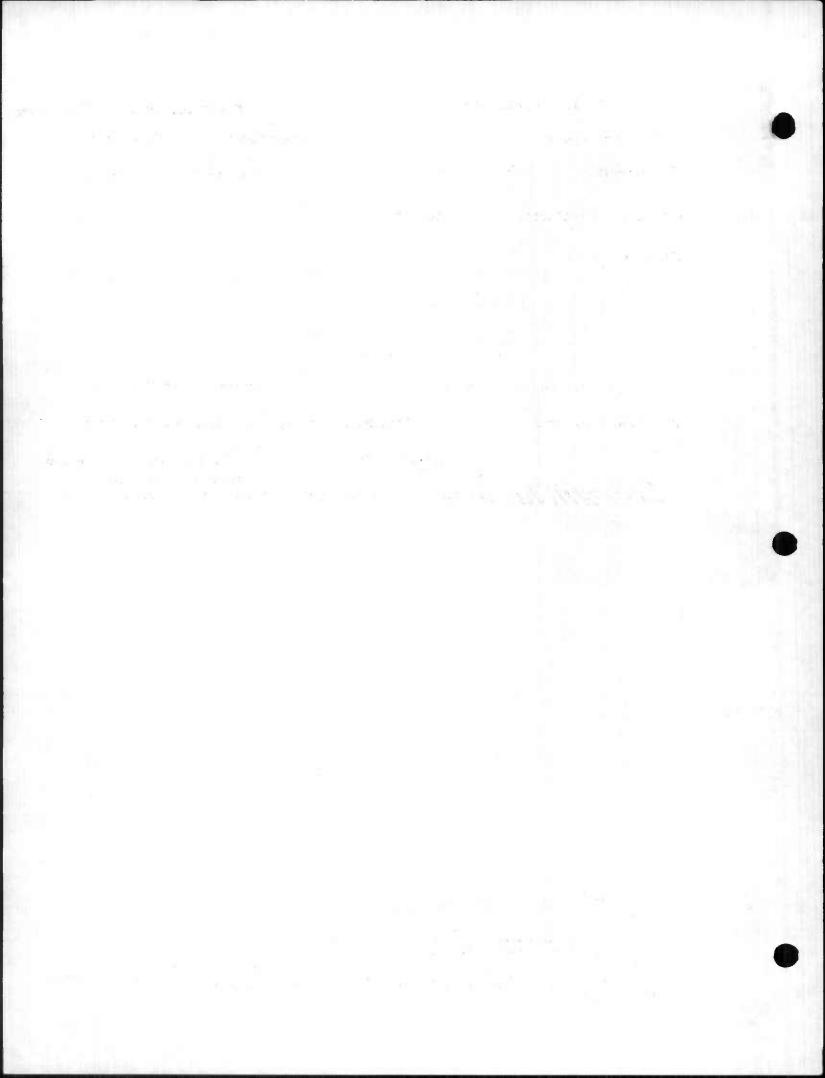
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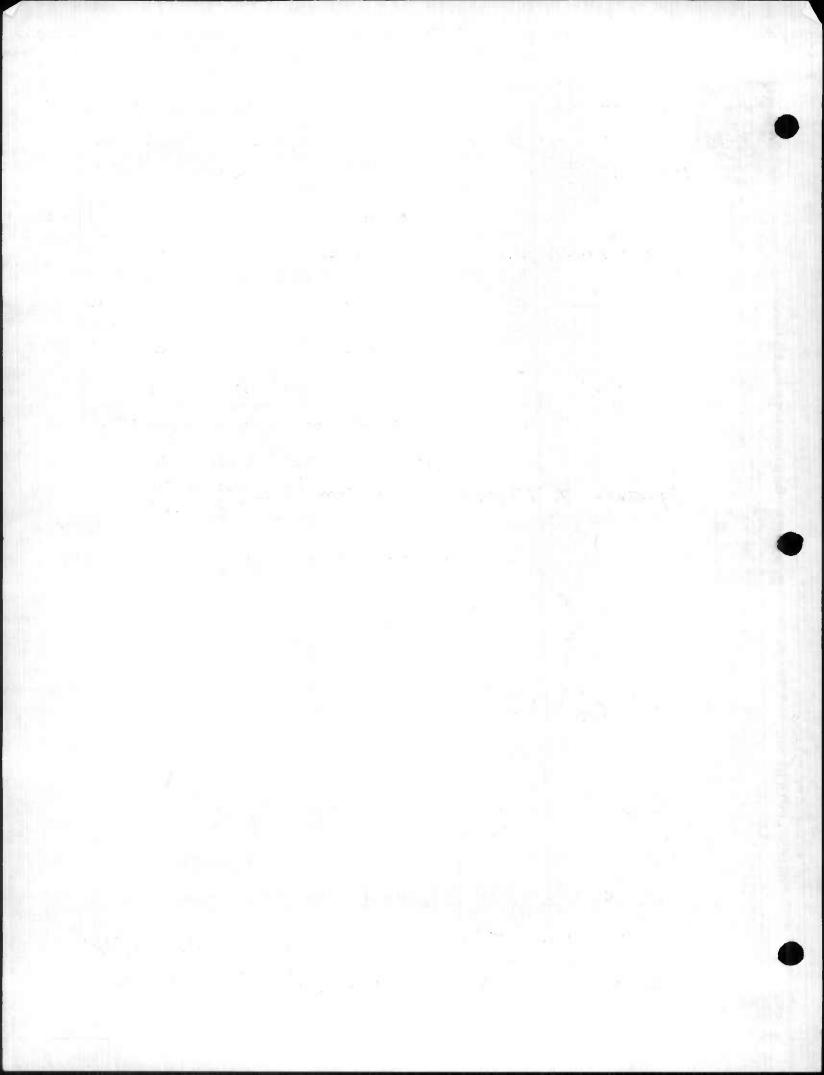
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"natural", or itsme 23e or 28e-f show profical Examiner and performed to the manyland and perfor	4e. Facility Nama (If not institution, give a 820 Pope Avenue 5. Sociel Security Numbar 220–58–3041 1 Usual Rasidanca of Decedant 10a. Stata 10b. County Maryland Washing 10e. Street and Number 820 Pope Avenue	Marie HOR streat and number) 7. Age (M 2 F 7. Age (M 2 F 1. Age (M 2 F	In yrs. last birthdey 94 Yrs. Oc. City, Town or L Hagersto	If Under 1 Year Months Days		8. Date of Birt (Month, De April 8	Day 14, 1998 4c. County of Wash	ingto 9. Birthpla Countr (aryl	ca (Stata or Foreign
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within 72 hours after death with the near "naturel", or itsme 23s or 26s we Medical Examinet must be not a Medical Examinet must be not myleted by Funeral Direct	820 Pope Avenue 11. Maritel Stetus 1 Navar Married 2 Married 3 Vidowed 4 Divorced 15. Dacedant's Educ (Specify only highast grade	Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detes:	er in U,S. 13.	2174	0		10g. Citizan of Wh		
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within 72 ho		cation		1 ☐ Yas 2 ☑ No	lispanic Origin? (Spe an, Maxican, Puarto I Specify:	cify Yes or No- Rican, etc.)	14. Rece Bleck, Specify:	White, et	
		Coilaga (1-4or 5+)		edant's Usual Occup a kind of work dona DO NOT usa retired	oation during most of workir d)	ng	16b. Kind of Busi		stry
be filed within thei Hygiene. d other than event, the Manager than event, the Manager than	0-7 17. Fathar's Nama (First, Middle, Last)	0	1	lousewile	18. Mothar's Nama	(First, Middla,	OWn I		
	Robert Sh	erman Pomr	oy		Mir	nerva I	rene Val	entir	ne
s 1 end 2 should f Health and Mer them 27 Is marke other traumatic	19a. Informant's Name/Ralationship (Ty)	pe, Print)			and Number or Rura				
Patra	Mr. Robert D. Horn 20a. Mathod of Disposition				ording Roa	d, Hag			
Page nent o int: If	1 ☑ Surial 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	amovernom stata	Funkstow	osition (Nama of ematory or other place) on Cemeter	у 1	rch 7,1998	20c. Location - C	7n, M	aryland
parmit. Pag Department Important: I any Injury o once.	21. Signature of Funaral Sarvice License	Hermin		22. Name end Addra 415 East	wilson Bly		Funeral gerstown		
physician end subsecuted s the buriel-transit edical Examiner	Immedieta Ceuse (Final disease or condition rasulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enlar Underlying Cause (Disease or Injury that Initiated evants rasulting in death) Last	. Covi	The found of the following of the follow	av fev- equanca of): 7 - Co	of faile dozeas mornait	y als	quine	ρ	
d by the attending deeth cert deby the attending deteched for use Physician/M	Part II. Other significant conditions con	tributing to death but r	not rasuiting In tha	undarlying causa giv	van in Part I.	23b. Dld 1	obacco use conti	ribute to t	the cause of death
igned by the se be deteched by Physic	Clevour	i grone	lishs			10	res 20 No 3	B Probe	ably 4 Unknow
s been s 2 should pieted	Appe	l brone	~			24a. Wes perfo	an autopsy mad?	com	a autopsy findings lable prior to pletion of causa aath?
certificate he rector, page.	25. Was casa referred to madical					101		10	Yes 2□ No
hystelan: his certific if director, To Be	axaminar?	lospitai:	2 ☐ ER/Outpatie	ent 3 DOA Oth	26. Place of Deeth	/	na) lance 8 □Other	(Specify)	
After thi funeral funeral	27. Mannar of Death 1 Naturel 5 Panding Invastigation	28e. Deta of Injury (Month, Day Y	(ear) 28b. Tima (Injury	Wo			now injury occurred		
To the Hospital or Attending P within 24 hours effer death. To the Funeral Director: Affert completely filled in by the funeral Medical Certification:	3 SuicIde 6 Could not be datarmined	28a. Place of Injury building, etc. (- At homa, ferm, s Specify)	traat, factory, office	4	28f. Location (5 City or Tov	Streat and Number m, Stata)	or Rural	Routa Number,
n 24 hours n 24 hours n Euneral pletely filled	29a. Certifiar (Check only one)	nictan: To the best of re- ner: On the basis of ex- end mennar steta	aminetion and/or Ir	th occurred at the time	ma, data and place, a opinion, deeth occurre	and dua to tha e	causa(s) and man dete end plece, an	nar as sta id due to t	ted. he cause(s)
To the within 2 To the comple	29b. Signature and title of certifier	1, 4	n-D.	29c. Licens			29d. Data signed	(Month, D	ay, Year)
3	30. Name and address of person who co	mplated causa of daar	th (itam 23a) (Type	Print)	41131 838 M Hage	retor	un, a	D.	21740

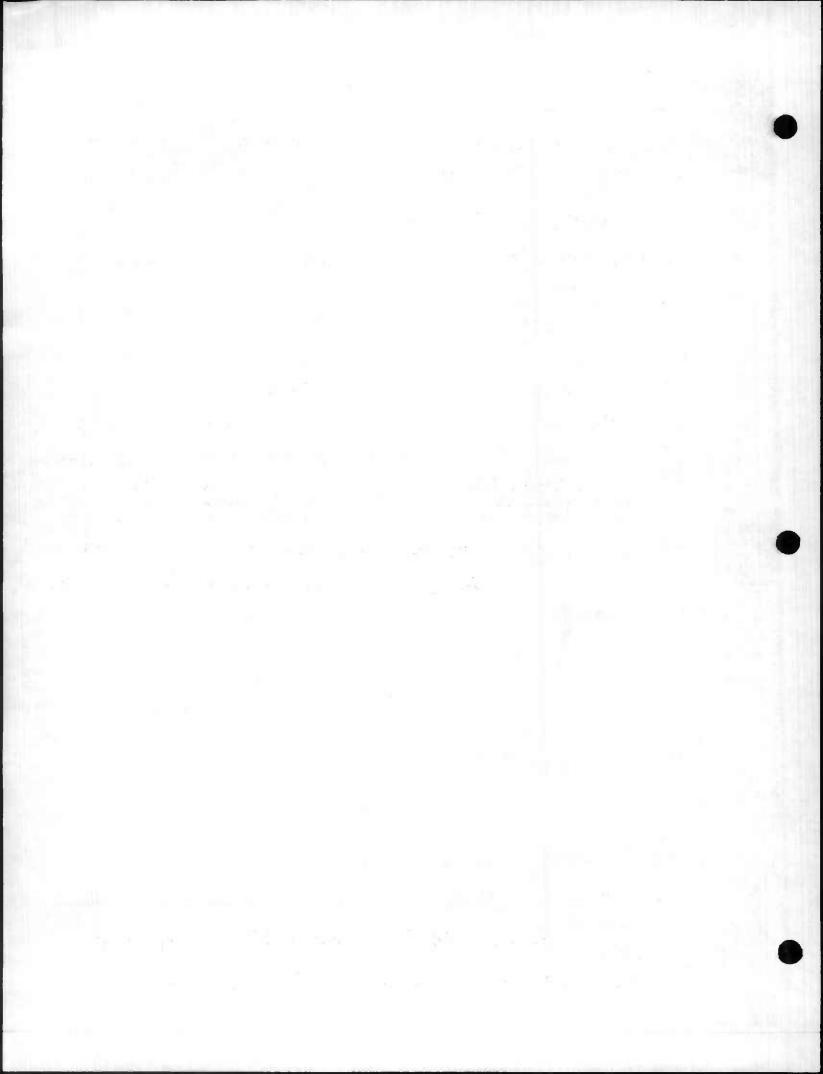


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			State of Maryla		tificate of			Reg. No.			
Phys	ician	Lee Glaeon Haine				2. Data of Death Month Dey		Dev	Year	3. Time of Death	
/Me	dical					the Oher Team and	March	7	798	5:51 PM	
Exam	niner	4a. Facility Name (If not institution, give street and number) Washington County Hospital				11	n, or Location of Daath 4c. County of Death				
Former		5. Social Security Number 6. S		s last hirthday)	If Under 1 Year	Hagerst					
Funeral Director		5. Social Security Number 217-10-9202 Security Number 217-10-9202 Security Number 8. Sex 9. Birth 10 Months Days Hours Min. Sex 10 Months Days Hours Min. Sex 10 Months Days Hours Min. Sex 10 Months Days Hours Min. Sex 11 Months Days Hours Min. Sex 12 Days Hours Min. Sex 13 Days Hours Min. Sex 14 Months Days Hours Min. Sex 15 Days Hours Min. Sex 16 Days Hours Min. Sex 17 Days Hours Min. Sex 17 Days Hours Min. Sex 17 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18 Date of Birth 18 Days Hours Min. Sex 18							Mary	aca (Stete or Foreign Land	
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th wil	<u>a</u>	14450 Stottlemyer Rd.			21783			u.s.	.A.		
aryicand Z1Z15-UUZU should be filed within 72 hours after death with the Marylend nd Mental Hyglene. marked other than "natural", or items 23e or 28e-1 show marked ovent, the "hourset Experiment Per notified at	by Funeral Director	11. Marital Status 1 Never Married	12. Was Decedant Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	li li	.S. 13. Was Decedent of Hispanic Origin? (Sper If Yes, specify Cuban, Mexican, Puerto F			or No- -) 14. Race - American Indian, Black, White, etc. Specify: White			
5-0 72 ho	P P	15. Decedent's Ed	ucation	16e. Decedent's Usual Occupation			ina	16b. Kind of Bu	b. Kind of Business/Industry		
ZT iffin iffin	Completed	(Spacify only highest grade completed) (Give kind of work done during most life. DO NOT use retired) (Give kind of work done during most life. DO NOT use retired)				d)	nig	Water Dept.			
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BAITIMOTE, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours af Department of Health end Mental Hygiena. Important: If Nem 27 Is marked other than "netural", or any injury or other traumatic event, the Modical Expensions.	2	William D. L. Ho				Katie	2 W.L.S.C. Rural Route Number, City or Town, State, Zip C				
		198. Informant's Name/Relationship (1) Ruth L. Harne (W.	ine)								
		20a. Method of Disposition		Piace of Dispos	sition (Name of	myer Rd		20c. Location -			
		1 (XBurial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) A Donation 5 Othar (Specify) Garfield U.M. Cemetery				co) March	8,1998	Garfield, Md.			
lit. Partme		4 Donation 5 Other (Specify		9	. Name and Addre	exercy 1	0,1998				
Demit. Department Importa	ouce	ptennis of	Paire	D	avis Fun	eral Home	Smiths	Bradbury burg, Md.			
		23a. Part1. Enter the disease, or comp shock, or haart failure. List only	rrest,	Approximate Interval Between Onsat and Death							
Physicia /Medica Examine	ai	Immediate Cause (Final disease or condition	Intrace	tions that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, cause on each line. Intracerebral Hemorrhage Due to (or as a consequence of):		5 days					
Examiner		Due to (or as a consequence of):									
ted nsit	Examiner	b .									
execu n and iel-tra	Exal	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury c.							1		
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2 0 0											
BOX eeth cert attendin I for use	Physician/N						Oth Didden and the second of the second of				
UNISION OF VITAL MECONDS, P.O. BOX To the Hospital or Attanding Physician: The law requires that the death cert within 24 hours after death. To the Funeral Director: After this certificate hes been signed by the attending completely filled in by the funeral director, page 2 should be deteched for use.	nysi	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.				en in Pert I.	23b. Did tobacco use contribute to the caus				
	by Pi	Amal Fibrillation					1 Yes 2,0 No 3 Probably 4			abiy 4 Unknown	
	Completed b				24e.			performed? available		re autopsy findings liable prior to appletion of causa eath?	
	E						10	Yes 2 No	1 🗆	Yes 2□ No	
	Be	25. Was case referred to medical				26. Place of Deat	h (Check only o				
	To	examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 Anpatient 2	☐ ER/Outpatien	t 3□ DOA Oth	ner: 4 Nursing Ho	ma 5 ☐ Resid	dence 6 Othe	or (Specify)	
n or or or or or or or or or or or or or		27. Manner of Death 1 → Naturel 5 → Pending	28a. Date of Injury (Month, Day Year)	28b. Time of injury	28c. inju	njury at 28d. Describe how injury occurred Work?					
andii eath. or: A	cati	2 Accident investigation M 1 ☐ Yes 2 ☐ No									
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ithin i	Mec	29b. Signature and title of certifier	and manner stated.	-	29c, Licans	sa number		29d. Data signed	(Month, D	Day, Year)	
F 3 F 8		bd/ aft	(1)		DU	17772		March 1	4.19	98	
		30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Duayne Shuhart MD 72911 Tefform Blvd Sm. thsburg MD 21783 31. Date filed (Month, Dey, Yeer) 32. Postrars Signature									
			hart MD =	77911 TO	foson	RIVE Smi	thsburg	MD Z	1783		
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Item 3 P	er	PHY Film G766 12-23-98	rja		ertificate	of Health and of Death		Reg. No.	0.9	306	
Physici	ian	1. Decedent's Name (First, Middle, Last	")				2. Dete of De Month	_	Yeer	3. Time of Deet	
/Medi	cal	Helen Louise Hahn							1:20 p.m		
Exami	ner									n	
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Director		212-38-8423	M 2 F 78 Yrs. Months		Months D	eys Hours Min	11/07/1				
p >	٥	Usual Residence of Decedent									
sho								10d. Inside City Lim 1 ☐ Yes 2☐			
the A	Directo	Maryland Washingt	on	on Keedysville				10g. Citizen of	What Count		
Sa or	ā	3611 Trego Mountain Road 21756								.,,	
iter death	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in U,S. 13. Was Deceden		ent of Hispenic Origin? (Specify Yes or No		U.S.A. 14. Rece - American Indien,				
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2 should be filed within 72 hours and Mental Hygiene. Is marked other than "natural; summite event, the Medical Exa	Be	William Edgar Badg	or						n <i>θ)</i>		
Mally railor to should be file th end Mental Hy ty is marked other traumatic event	To	19e. Informent's Neme/Reletionship (T)		19b Mei	ling Address (S		y Holmes urel Route Number, City or Town, Stete, Zip Code)				
and 2 sauth er n 27 is		Betty J. Root/Daug				in Street,					
- ± # #		20e. Method of Disposition	•	20b. Plece of Disposermetery, cr	position (Neme of	of	Date	20c. Location	- City or To	wn, Stete	
Pages nent of nt: If its nry or o		XXBuriel 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify)				Cemetery	03/14/98	Brownsv	ille.	Marylan	
permit. Pages Department of Important: If is eny injury or pace.		21. Signature of Funeral Service Licens	00			ddress of Fecility		d Natio			
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ficate physicate sthe	edical	thet initieted events resulting in deeth) Lest Due to (or es e consequence of):									
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withir To th	Me	29b. Signeture end title of pertifier 29c. License number				_	7 3/13/98 Brunswill Month, Day, Year)				
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		30. Name and address of person who co	ompleted ceuse of de	eeth (Item 23e) (Type	- 1.4	. 4	0	V	,	1. >	
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Sta		31. Dete filed (Month, Dey, Year)	32. RegistR	aris Signature	1.0						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last 3. Time of Death 2 Date of Death Month **Physician** NR le tre /Medical 4a. Facility-Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MARI Altimore 050 a SUA, Baltimore If Under 1 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** Days 20% -16-62 Months Hours Min 1 □ M 2 □ H Yrs. Director June Usuel Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or llams 23s or 28s-f show the Medical Examiner must be notified at the Maryla MD Washington Clear Spring, Director 1 ☐ Yes 2 ☐No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13530 National Pike 21722 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritel Status filed within 72 hours after 1 Never Married 2 Married 1 es 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12years College (1-4or 5+) residence permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien Important: if Nem 27 is marked other the any Injury or other treasments other the Homemaker 0 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Antonio Domenico Angelo Maria DeCola 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) George Hetzer 13530 National Pike Clear Spring, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State Williamsport, MD 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Cem. March 7,1998 Mar Service Litterature 22. Name end Address of Facility Thompson Funeral Home, Inc. P.O.Box 310 Clear Spring, MD 21722

Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final a. Multiple System Organ Facture
Due to (or es a consequence of): disease or condition resulting in death) Examiner -transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last pue P.O. Box 68760, ettending physician for use es the burie 9 Physician/Medical Due to (or as a consequenca of): been signed by the should be deteched Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 10 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to Completed 24a. Was an eutopsy performed? completion of cause of death? certificate hes page 1 Yes 2 ₽No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director; a 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 1 Naturel 5 Pending 2/12/98 1 ☐ Yes 2 HNO Corona Markey diska St. 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Investigation disLASE 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 29e. Certifier Medicai 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and pleca, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. License number 29d. Date/signed (Month, Dey, Year)

State Registrar 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

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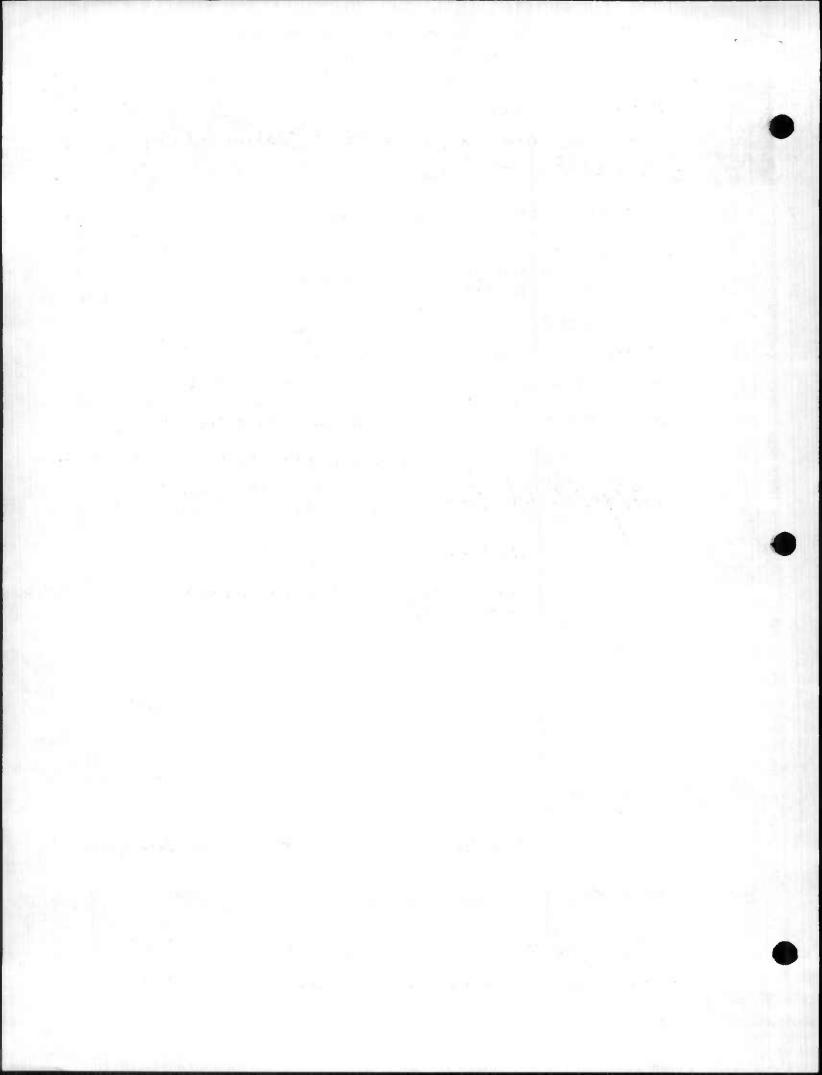
32. Regispar's Signature

Julia Davidson-Randell

Baltimone, MD

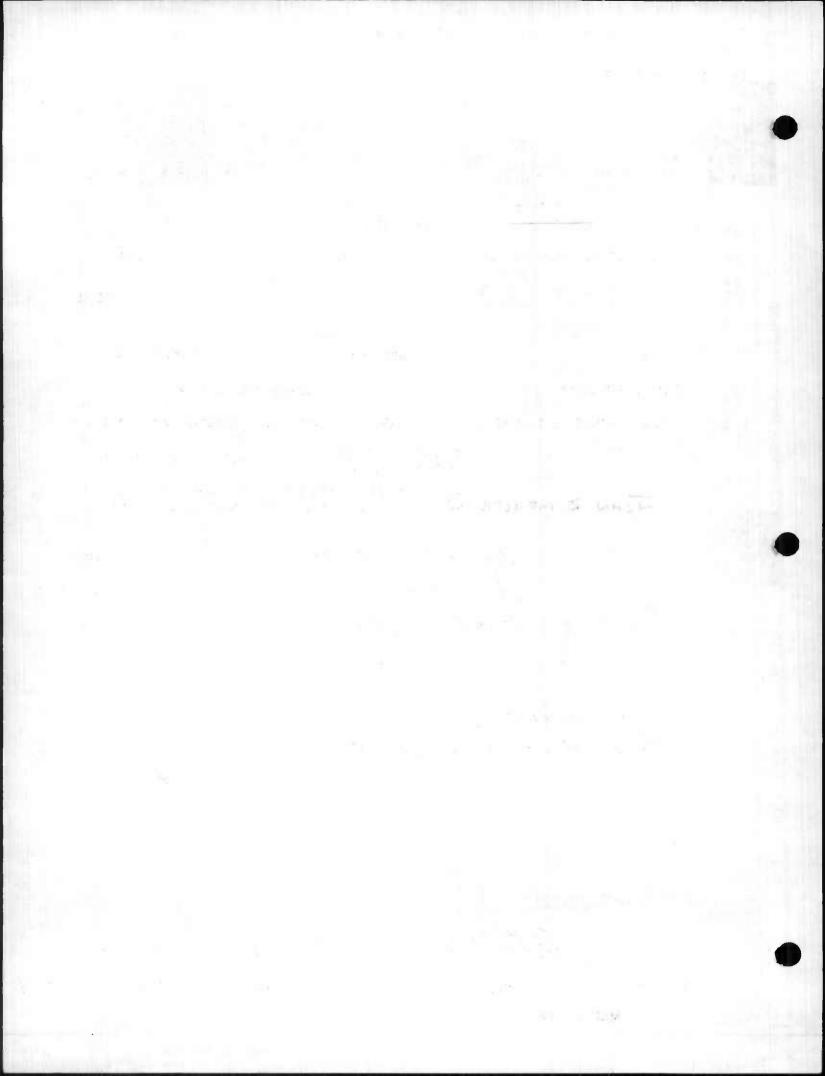
Keith Levitt

31. Date filed, (Month, Dey, Yeer)
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	To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completaly filled in by the fo	edical	29a. Certifier (Check only 2 Medicone) Certif	ying Physicien: To t ai Examiner: On the end m	the best of my keep besis of examination anner steted.	nowledge, inetion end/	deeth occuri or investiget	red et the ti tion, in my	me, dete end place opinion, deeth occu	, end due to the tred et the time	ceuse(s) and m , date end piece	enner es st , end due to	eted. the cause(s)
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			30. Name end eddress of pers	on who completed of	ayse of deeth (if	tem 23e) (T	ype, Print)	i din	un Av	NO.	1-00-	ION N	20 21601
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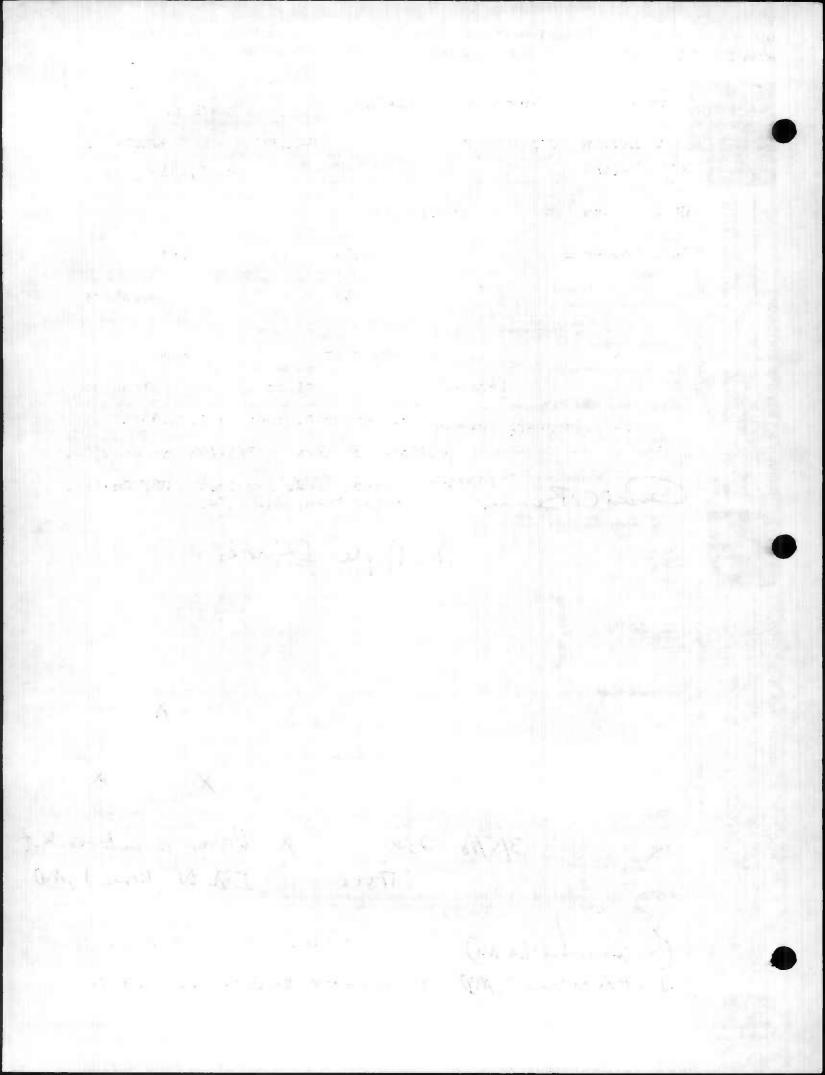


					Certific			Mental Hy	Reg. No.	096	309
nysici Medi	cal	1. Decedent's Name (First, Middle) James Frankli	n Hawkins	Jr			4h Cib. Tour	2. Dele of D Month March	Dey 1 0	Year 1998 1	Fime of Death
xamir neral	ner	4a. Fecility Neme (If not institution Kent & Queen A 5. Social Security Number 220-32-1745	nne's Hospi		t birthday) If Ur Yrs. Mont	nder 1 Year	Chester	rs. 8. Dele of B	Kent		Stete or Foreig
		Usual Residence of Decedent 10a. State 10b. County		10c. City, T	own or Location						side City Limit
fleds	tor	MD Ker	nt		Chester	town					Yes 2 N
at be not	ai Director	10e. Street end Number 534 Cannon St	reet	1	10f.	Zip Code 21	.620		10g. Citizen of V USA	Whet Country?	
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raums		19a. Informant's Name/Relations						Rural Route Numi		Stete, Zip Code)
or other traumatic		Claudette Hawkin 20a. Method of Disposition 12O/Buriai 2 Cremation	3 ☐ Removal from State	cem	e of Disposition (etery, cremetory	Neme of or other ple	ce)	Date 3/16/98		City or Town, S	itate
any Injury or once.		4 Donation 5 Other (S) 21. Stanatore of huneral Service		Adroi	n Chapel 22. Nem Benni	e end Addre	ess of Facility	ral Home	RUCK H	טויו ווג	
detached for use es the bunel-transit	/Medical Examiner	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c. ren	Due to (or as	s a consequence Right s a consequence Liture s e consequence	of):		rest scular a	acciden	+ 7	days days
ached for u	Physician/M	Pert II. Other algnificant condition						23b. Dio	i tobacco usa coi	ntribute to the	
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8		(Check only 2 Medical	g Physician: To the best Examiner: On the basis and manner s	of examination	dge, death occur and/or investiga	red et the til tion, in my c	me, date end pla opinion, death o	ice, and due to the courred et the time	e ceuse(s) and ma , dete end piece,	anner as stated. and due to the o	cause(s)
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John Some Joseph

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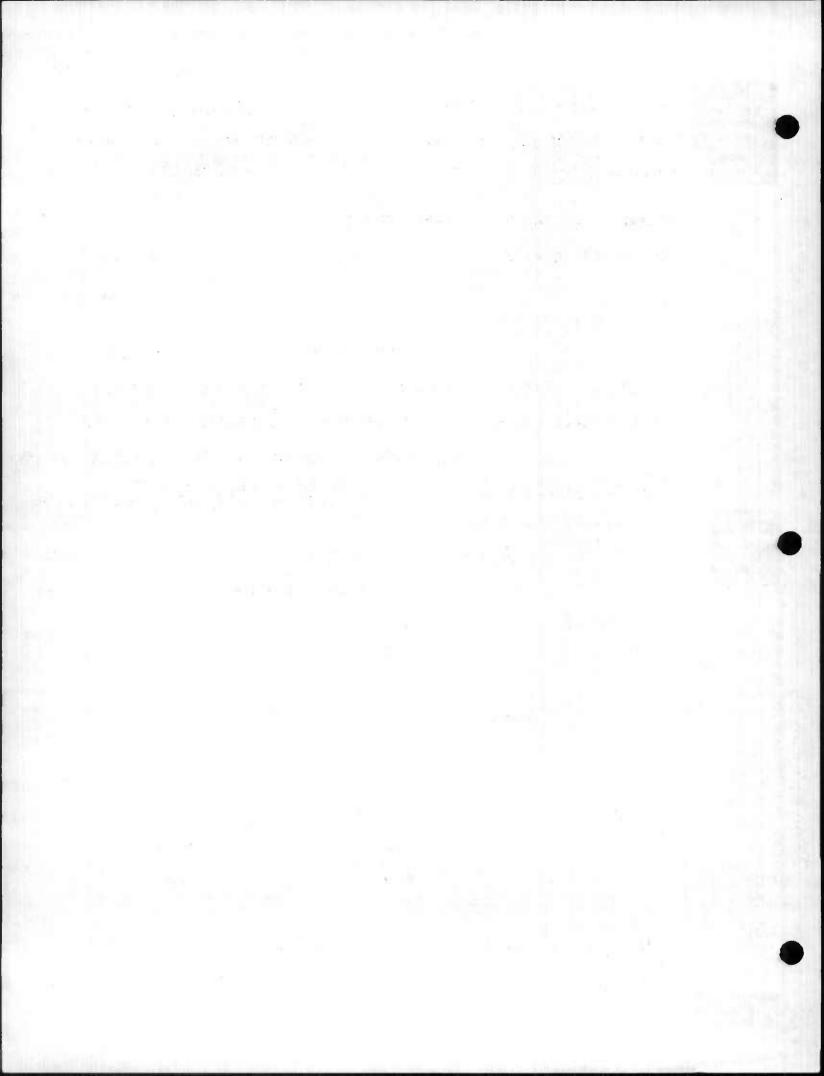
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Physic · /Medi		Anna	Dorothea]	senberg		Month MARCH	6, 199		0001 AM
Exami	ner	4a Facility Name (If not institution, giv				4b. City, Town, or L	ocation of Death			
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the Maryland 28a-f show notified at	or	Usual Residence of Decedent 10a. State Ohio Hamilto		Oc. City, Tow	n or Location nnati				1	0d. Inside City Limits
h with the 1 23s or 28s- at be notif	Funeral Director	10e. Street and Number 2861 Cooper B			101. Zip Code 45241			10g. Citizen of V	Vhat Coun	itry?
72 hours after death with the Marylas "natural", or thems 23s or 28s-f show idical Examiner must be notified at	by	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1 Yes No If Yes, Give Year or Dates:	er in U,S.	13. Was Decedent of If Yes, specify Cub	Hispanic Orlgin? (Sp an, Mexicen, Puerto Specify:	ecify Yes or No- Rican, etc.)		- Americ k, White, : Whi	etc.
d within 72 hours at gions. ir than "natural", or the Medical Exami	Be Completed	15. Decedent'a E (Specify only highest gra Elementery/Secondery (0-12)	ducation ide completed) College (1-4or 5+)	16e	Decedent's Usual Occup (Give kind of work done life. DO NOT use retire Homemaker	pation during most of work d)	king	16b. Kind of Bu	isiness/ind	dustry
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# BEE	-	19a. Informant's Name/Relationship (Type, Print)		. Mailing Address (Street					Code)
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Physician /Medical Examiner	ner	23a. Part1. Enter the disease, or comehock, or heart failure. List only immediate Ceuse (Final disease or condition resulting in death)	a	No	consequende of):	Dju	nes			Approximate interval Bestween Onset and Deeth
certificate be executed ding physicien end ise as the burial-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	C		consequence of):	1				
death certifications at for use a	iciar	Part II. Other significant conditions of	contributing to death but r	ot reculting i	n the underlying cause gi	von in Part I	23h Did i	obacco use cor	atribute to	the cause of death?
het the od by th detache	by Physician/M	rar II. Other significant conditions of	ontributing to death but i	iot resulting i	ir the underlying cause gr	ventii Fatti.	1 🗆	00	3 □ Pro	
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State of Maryland / Department of Health and Mental Hygiene

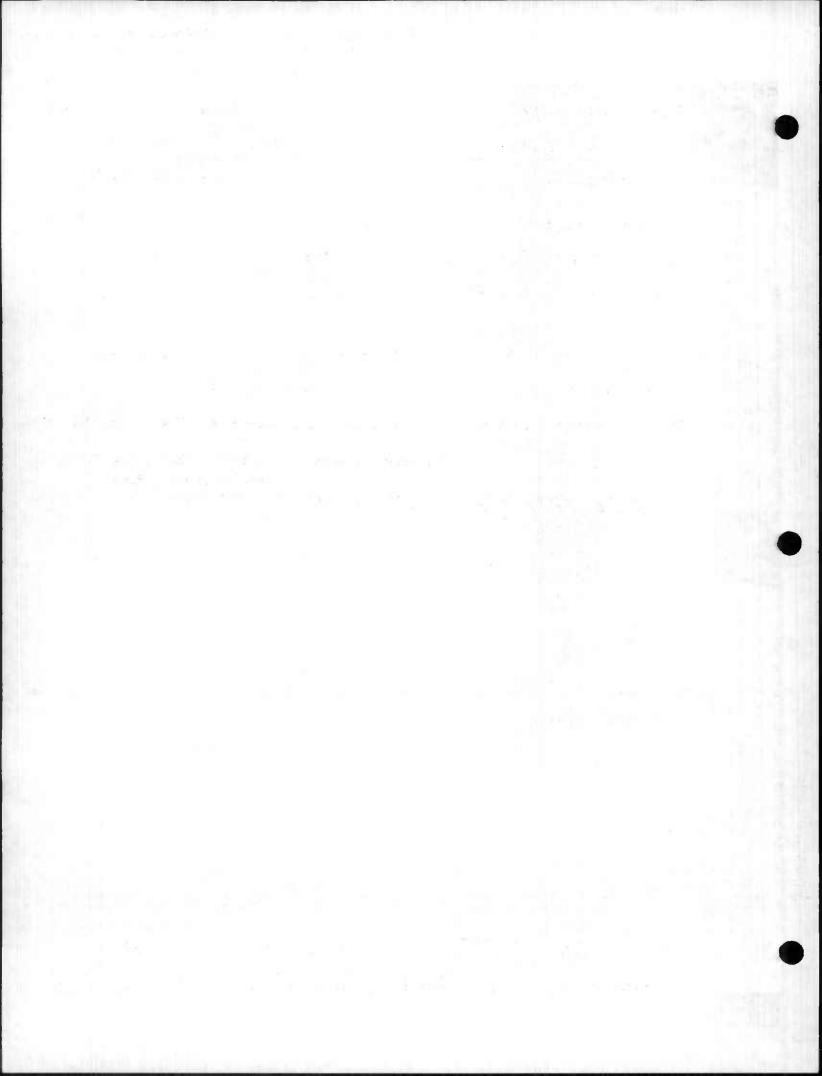
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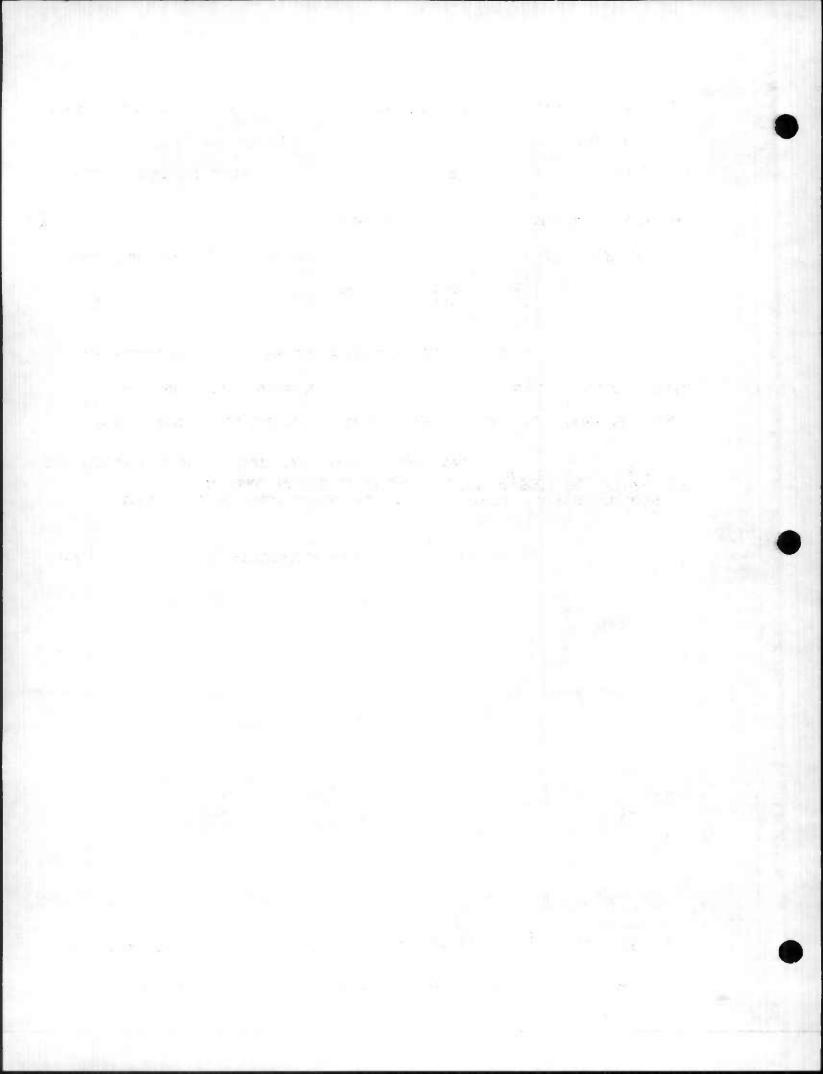


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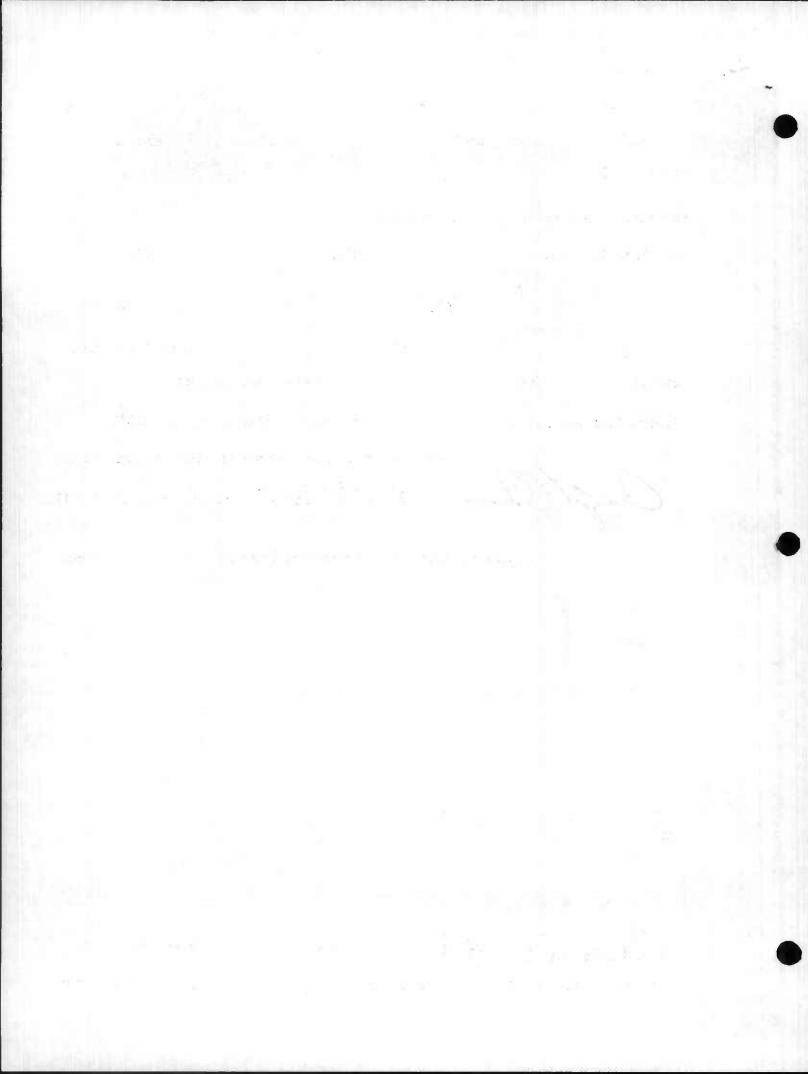
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(Check only 2 Mad one)	icai Examiner: (On the basis of ex	xemination and/o	or investigation	, in my o	pinion, deeth occur	red et the time,	date and place,	and dua to the	e ceuse(s)
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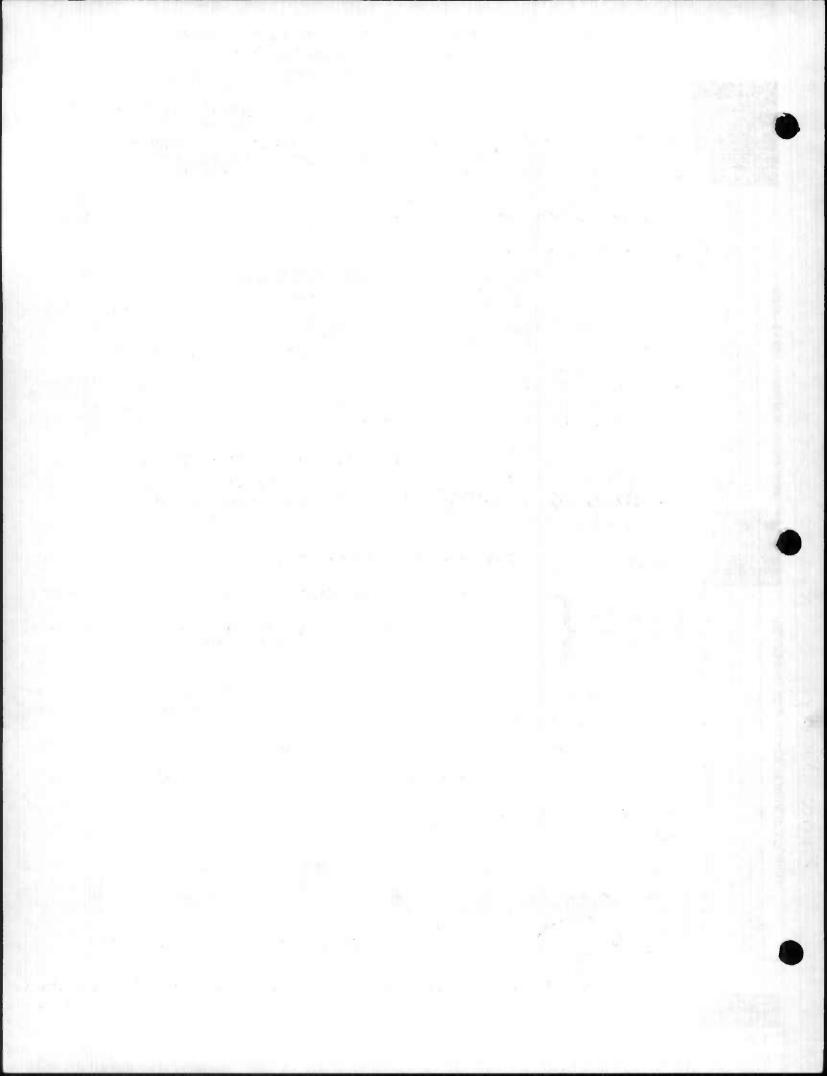
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Phys	ician	1. Decedent's Neme (First, Middle, La	est)					2. Dete of Dec		Year	3. Time of D	Death
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Firmer				o (In yrs. last I	birthday) If Un	der 1 Yee	Frederi			lerick		Foreign
Funer Directe			№ 2□F	65	Yrs. Month	ns Deys	Hours Min		y, Year) 24 ,1 932	Mary	ece (Stete or i ry) and	rorugii
nyland how		10e. Stete 10b. County			wn or Location					10	d. inside City	Limits
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th with th	Funeral Director	10e. Street end Number 6937 Tommytown Rd	•			Zip Code 2 17 82			10g. Citizen of 1		ry?	
re, Maryland 21215-0020 I and 2 should be filed within 72 hours after death with the Maryland Heath and Mental Hygiana. In marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner invest be inclined as	by Fune	11. Meritel Status 1 Never Married 2 Married	12. Was Decedent Armed Forces? 1 X Yes 2 1 If Yes, Give				Hispenic Origin? (ban, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)	14. Red Blee	ce - America ck, White, e	tc.	
21215-0020 d within 72 hours aff giana. In than "natural", or the Medical Exam.	D Q	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's E	Year or Detes:			aual Ossu	metion			wnii		
215 nin 72	Completed	(Specify only highest gr	ede completed)		(Give kind of life. DO NO	work done Tuse retin	petion a during most of wo ad)	orking	16b. Kind of B	usiness/indi	ustry	
212 d with giana.	E	Elementary/Secondery (0-12)	College (1-4or 5	5+)	Painter				Home In	mprove	ement	
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re, M		Sandra A. Keeney	/Wife				wn Rd. S	harpsbur	g,MD 2	1782		
0 80= 5		20e. Method of Disposition 1 N Burial 2 Cremetion 3 C 4 Donetion 5 Other (Special	Removal from State		of Disposition (/ tery, cremetory of Lawn M		oce) Park Mar	Dete ch 18,19	20c. Location -			
Baltimo pernit. Page Department of Important: If any Injury or	SUCE	21. Signature of Funeral Service Lice	70l_		Osbori	ne Fu	ess of Fecility Ineral Ho Iococheag	me ue St. W	illiamsı	nort A	MD 2179	95
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Physicia /Medica	ai	Immediate Cause (Final	. Arterios								Onset end De	eath
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O. B.	Sici	Pert II. Other eignificant conditions of	contributing to death b	ut not resulting	in the underlyln	g ceuse g	iven in Pert I.	23b. Did 1	obacco use co	ntribute to	the cause of	death?
D dby	by Phy		·					坂	Yes 2□ No	3 Prob	ably 4 🗆 Ui	nknown
Records, he faw requires ti a has been signe	Completed							24e. Wes perfo	en eutopsy rmed?	con	re eutopsy fin- ileble prior to opletion of cau eath?	
	E	1 25						101	res 212 No	10	Yes 2□N	lo
	Be	25. Wes case referred to medical examiner?					26. Place of De	eath (Check only o	ne)			
- × v 0	2	1 Yes 2 No	Hospitel: 1 Inpatie	nt 21 ER/C	Outpetient 3	DOA	ther: 4 D Nursing	Home 5 ☐ Resid	lence 6 Oth	er (Specify,)	
Monding Plath. ath. r: After the funera		27. Manner of Death 1 X Neturel 5 Pending 2 Accident investigatio		ry Year) 28b	Time of Injury M	28c. Inju Wo	uryet ork?]Yes 2 ☐ No	28d. Describe h	now injury occur	red		
Division or To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicide 6 Could not b		ury - At home, c. (Specify)	farm, street, fact	tory, office		28f. Location (5 City or Tox	Street end Numb m, Stete)	er or Rurel	Route Numbe	er,
n 24 hour e Funeri	edical	29a. Certifier 1□ Certifying Ph	nyelclan: To the best of niner: On the basis of end manner ste	examinetion e	ge, death occurr end/or investigeti	ed et the ton, in my	ime, dete and plac opinion, deeth occ	e, end due to the curred et the time,	ceuse(s) end me date end plece,	enner es sta end due to	ated. the ceuse(s)	
To the To the Comp	×	29b. Signeture and title of certifier					se number		29d. Date signe	d (Month, D	ley, Year)	
		30. Name and address of person who	completed cause of A	nath (llum 22	(Type Print)	D35	5164		March 1	4, 19	98	
		Andrew Zarick,				rick	Street.	Frederic	k. Marv	land	21703	
Regis	state	31. Date filed (Month, Dey, Year)		er's Signeture	2 2 22		,		,			



State of Maryland / Department of Health and Mental Hygiene 0 8

				,	Cer	tificate of	f Death	Reg. I	No.	19815
Physicia		1. Decedant's Name (First, Middle, L	,					2. Date of Deeth	Dey .	3. Time of Deeth
/Medic		Zina Eileen	Moody					March	11 19	98 0419
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			ounty Sex	Hospi		If Under 1 Yee	Hagerstov			ngton
Funeral Director			1□ M 2⊠ F	43	Yrs.	Months Deys	s Hours Min.	B. Dete of Birth (Month, Day, Ye OVEMDE	7364	9. Birthplece (Steta or Foreign Country) Maryland
Mon		10a. State 10b. County		10c. City	y, Town or Lo	cation				10d. Inside City Limits
the Maryler 28a-f show	to	Maryland Wash	ington	. Н	agers	town				XOXYes 2 □ No
th with the Maryle 23e or 28e-f should be notified at	ai Director	10e. Street end Number 222 NJonathan	Street			10f. Zip Code 2174	0	10g. US	Citizen of Wi	net Country?
urs after dea N', or items	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 □ Married 3 □ Widowed 4 ☒ Divorced	12. Wes Dec Armed For 1 Tyes If Yes, Gi Yeer or D	2 📉 No ive		Ves Decedent of f Yes, specify Cu I ☐ Yes 2X No	Hispenic Ongln? (Spec ben, Mexicen, Puerto R o Specify:	ify Yes or No- icen, etc.)	Specify:	- American Indien, White, etc.
natural',	eted	15. Decedent's 8 (Specify only highest g.	Education rade completed)		16e. Deced	lant's Usuel Occi	upation e during most of working	16b.		iness/Industry
within ena. than	Completed	Elamantary/Secondery (0-12)	College (<i>00 NOT</i> use <i>retir</i> Nurses	e during most of working red)		alth-	Cama
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0 = 0 5	To Be	Henry Michael	Tayl	or			Elizabet	h Cleo	Broad	lus Smith
es 1 end 2 should b of Health end Ments fram 27 is marked r other traumatic e		19e. Informant's Name/Reletionship Jerome Broadus	(Type, Print)		1		et and Number or Rural r. Hagers			
		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec		State	emetery, crem	sition (Name of netory or other pl	metery 3/			ity or Town, State
permit. Peg Department Important: If any injury o once.		21. Signature of Funeral Service Lice	insee	alle		. Neme end Add	ress of Fecility Wat el St. Ha	sons Fu		
		23a. Pert1. Enter the disease, or con shock, or heart feilura. List only	nplicetions thet	ceused the deeth					n,na.	Approximete interval Between
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	e. Iv	trchro. Dua to (or	r as a conseq	hene	urhege			Onset end Deeth
nsit	Examiner		b. — ?	neuman		Aspera	tion			2-3 weeks
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as thet the death ce igned by the ettandi be detached for use	by Ph	Crohi		eise		<u>.</u>		1□ Yee	2 No :	B Probably 4 Unknow
law require as been signal 2 should t	Completed	Ent S	toy N	end Fe	dore	01 41-	od elysis	24e. Wes en au performed	itopsy	24b. Wara autopsy findings eveileble prior to completion of cause of deeth?
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ysician: The	Be	25. Was casa referred to medical exeminer?	11-2-2-1				26. Place of Deeth ((Check only ona)		
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or Attending effer death. Director: Affei in by the fune	ertifica	2 Accident Investigation 3 Suicide 6 Could not independent datarmined	28e. Place	of Injury - At ho ing, atc. (Spacify	ma, farm, stre	eet, fectory, office		Bf. Location (Street City or Town, St	e <i>nd Number</i> ata)	or Rural Route Number,
To the Hospital or Attending Phys within 24 hours effer death. To the Funeral Director: Affer this completely filled in by the funeral di	edical Certification:	29a. Certifiar (Check only one) 1 Certifying P 2 Medical Exa	miner: On the b	bast of my know asis of examinet ner steted.	vledga, daath ion end/or Inv	occurred et that estigation, in my	tima, data and pleca, en opinion, daath occurred	d due to the ceuse d et tha tima, data (o(s) end man	nar as stated. Indicate the ceuse(s)
within 2 To the comple	Σ	29b. Signeture end title of certifier	\ \ \			29c. Licer	nse number	29d. I	Date signed	(Month, Day, Year)
F S F O		VO 8-2	2			D 3	18764		1	3/98
	1	30. Name and address of person who	completed ceus	sa of death (Item	23e) (Type, I			Suite.	-	
State	0	Karl P. Rigg 31. Dete filed (Month, Day, Year)	1 P MI		110 M	edical (Europus Rd	100 H	agerst	own Maryland
Registra	-	MAR 1 6 1998	July	Registraris Signal	-Mandell	•			•	21742

Zina Moody



98-1299-043 98-061

CLARA MILLER

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Depart

repartment of Health and Mental	Hygiene.	11481
O-Williams - L Donall		0001
Certificate of Death	Reg. No.	

Physician	
/Medical	_
Examiner	

1. Decedent's Name (First, Middle, Last) Clara Elizabeth MILLER 2. Date of Deeth 09,1998 MARCH

3. Time of Death 4:45P.M.

4a Fecility Name (If not institution, give street and number) 900 BLK. SOUTH BURHANS BLVD 5. Sociel Security Number

4b. City, Town, or Location of Death HAGERSTOWN

4c. County of Deeth

Funeral Director

28a-f show

r than "naturel", or items 23e or 28a-f above the Medical Examiner must be notified at

deeth

filed within 72 hours after

Hygiena.

should be find Mental h

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permit. Peges 1 and 2.
Department of Haaith as Important: If Nem 27 Is any Injury or other trau

Maryland 21215-0020

altimore,

215-96-1466 Usual Residence of Decedent 10a. Stete

7. Age (In yrs. last birthday) 1□M 2፟XF 19 Yrs.

If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Months Days Hours Min. April 5, 19

21740

WASHINGTON Birthplace (State or Foreign Country) 1978 Maryland

the Meryland

Director

Funeral

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Completed

10b. County Maryland | Washington 10c. City, Town or Location Hagerstown

10g. Citizen of What Country?

10d. Inside City Limits 1 ☐ Yes ANO

10e. Street and Number 135 Doub Way

11 Maritel Status 1 Never Married 2 ☐ Married

12. Was Decedent Ever In U,S. Armed Forces? 1 Yes 2 No
If Yes, Give
Year or Dates:

Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Race - American Indien. Bleck, White, etc. white

3 Widowed 4 Divorced

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 0-10 College (1-4or 5+) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) student

1 Yes 2 No Specify:

10f. Zip Code

16b. Kind of Business/Industry

U.S.A.

17. Father's Name (First, Middle, Last)

Joseph James Miller

18. Mother's Name (First, Middle, Maiden Sumame) Marcia Coleen Garmong

19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code)

19a. Informant's Neme/Relationship (Type, Print) Mrs. Marcia Youker/mother

20b. Place of Disposition (Name of cemetery, crematory or other place)

135 Doub Way, Hagerstown, Maryland 21740 Date 20c. Location - City or Town, State

20a, Method of Disposition

1 ☐ Burial 2 KI Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Hagerstown Crematory 22. Name and Address of Facility

March 21,1998 Hagerstown, Maryland Minnich Funeral Home

21. Signature of Funeral Service Licensee

Vamea Spicer

415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death

Physician nvicaicai Examiner

USB

signed to

page 2 has

certificate Physician:

this funeral

After

Attending

6 Hospital

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death.

24 hours after deal

within 2 4

filled in by

P

Completed

Be

9

Certification:

Medical

certificate be exec Box 68760.

o

Division of Vital Records.

Examiner physician and the burial-trensit Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Physician/Medical 80

Immediate Cause (Final disease or condition resulting in death)

MULTIPLE STAB WOUNDS

Due to (or es e consequence of):

Due to (or as a consequence of): Due to (or es e consequenca of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No

24a. Was an autopsy

24b. Were autopsy findings available prior to

TYPES 2 No

completion of cause of death?

26. Place of Death (Check only one)

TYNes 2 No

25. Was case referred to medical examiner? 17 Yes 2□ No

27. Menner of Death

1 Natural

2 ☐ Accident

3 Sufcide

4 Homicide

5 Pending investigation 6 Could not be 28e. Dete of Injury FOL(Month, Day Year) 3-9-1998

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of FOUND 2:15P

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Nother (Specify) WOODS 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred SUBJECT STABBED

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one) FOUND IN A WOODED AREA

900 BLK SOUTH FURHANS BLVD.

HAGERS TWM MD.

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated.

29b. Signature and title of cartifier

29c. License number

29d. Date signed (Month, Day, Year)

bute so

O.C.M.E.

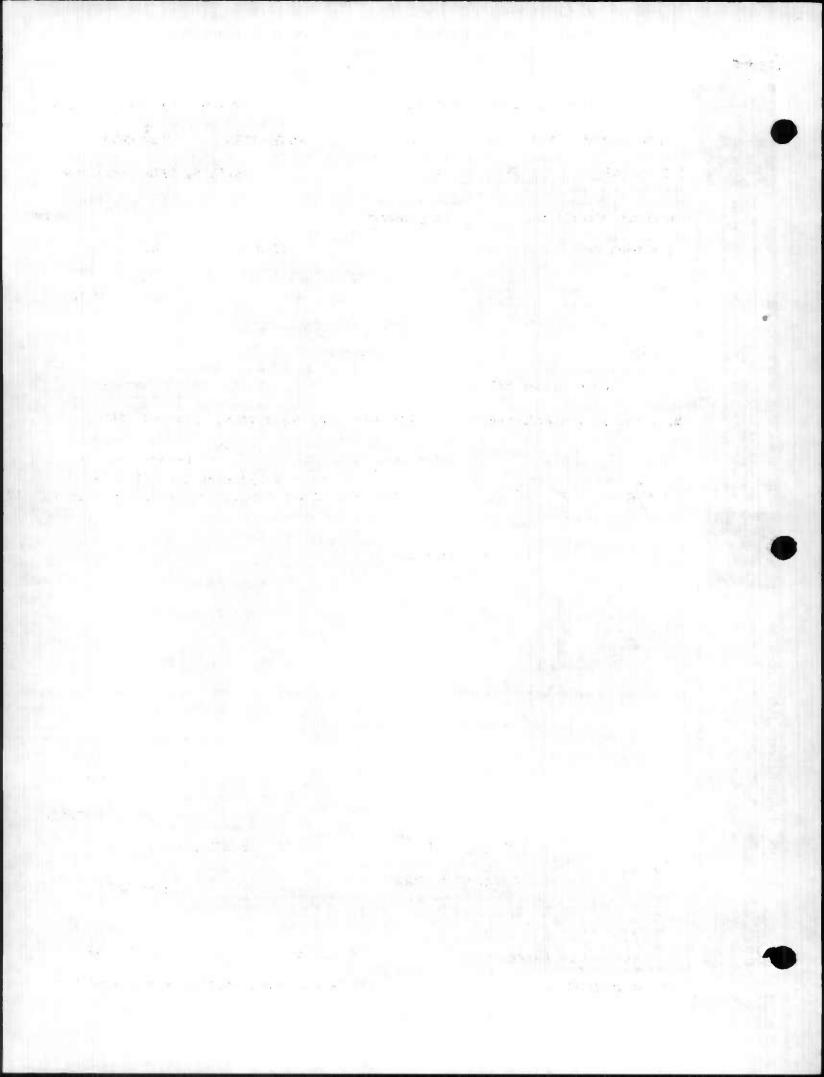
MARCH 10,1998

30. Name and address of puren who completed cause of death (Item 23a) (Type, Print)

Dennis Chute M.D.

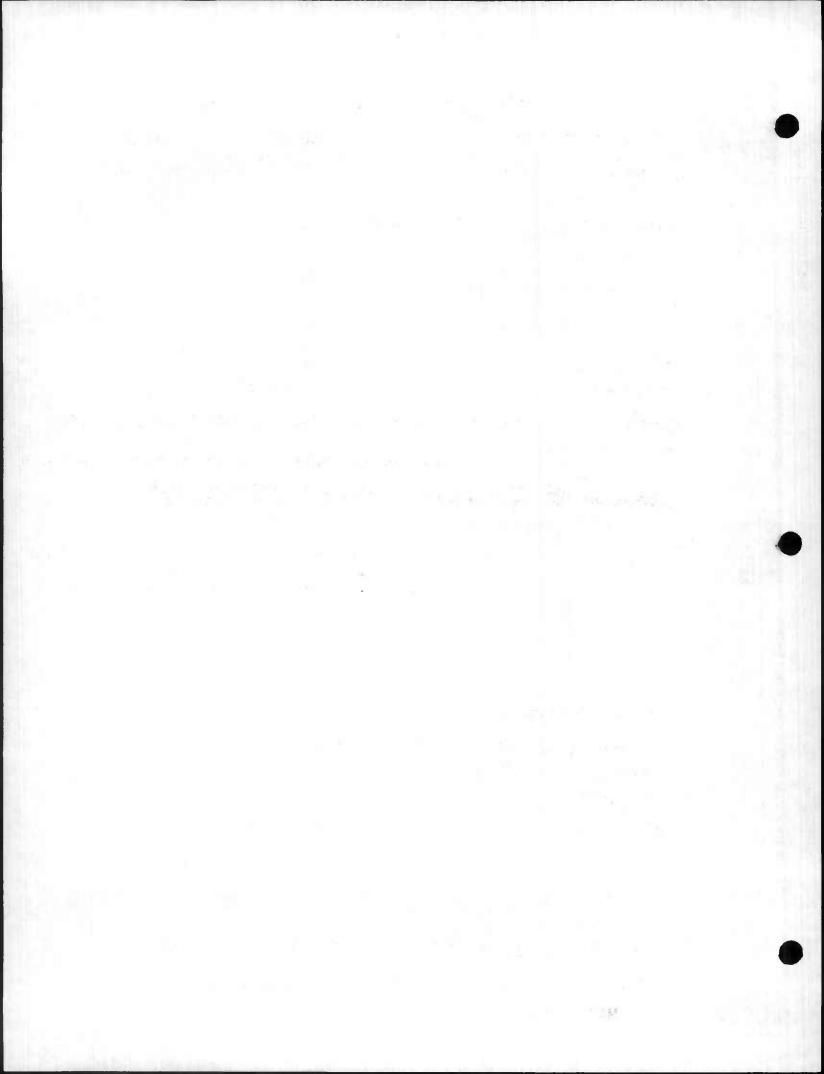
111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Yeer) NIHK 2 3 1998 32. Registra s Signature wha Davidson-Randall

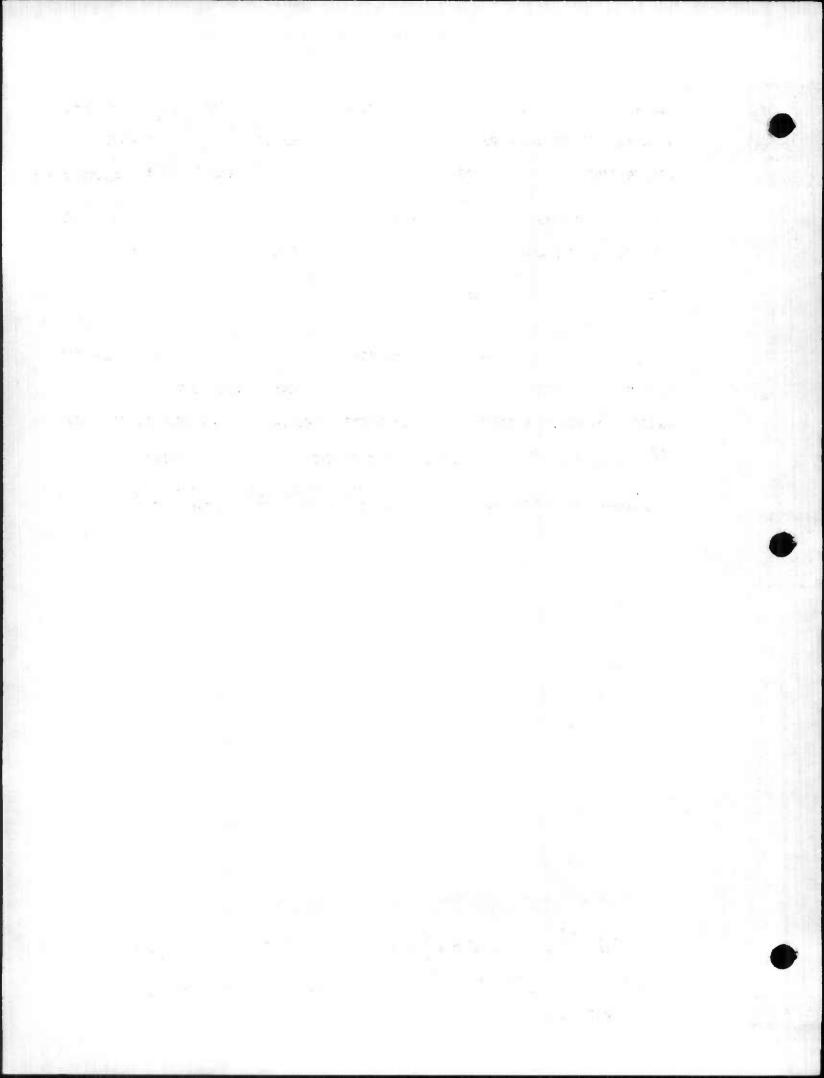


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	Baltimore,
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	Box 68760,
	P.O.

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x 28a-f sh	Director	Maryland T				St. Mich	-	p Code				10g. Citizen o	f What Co	1 Yes 2 □ P
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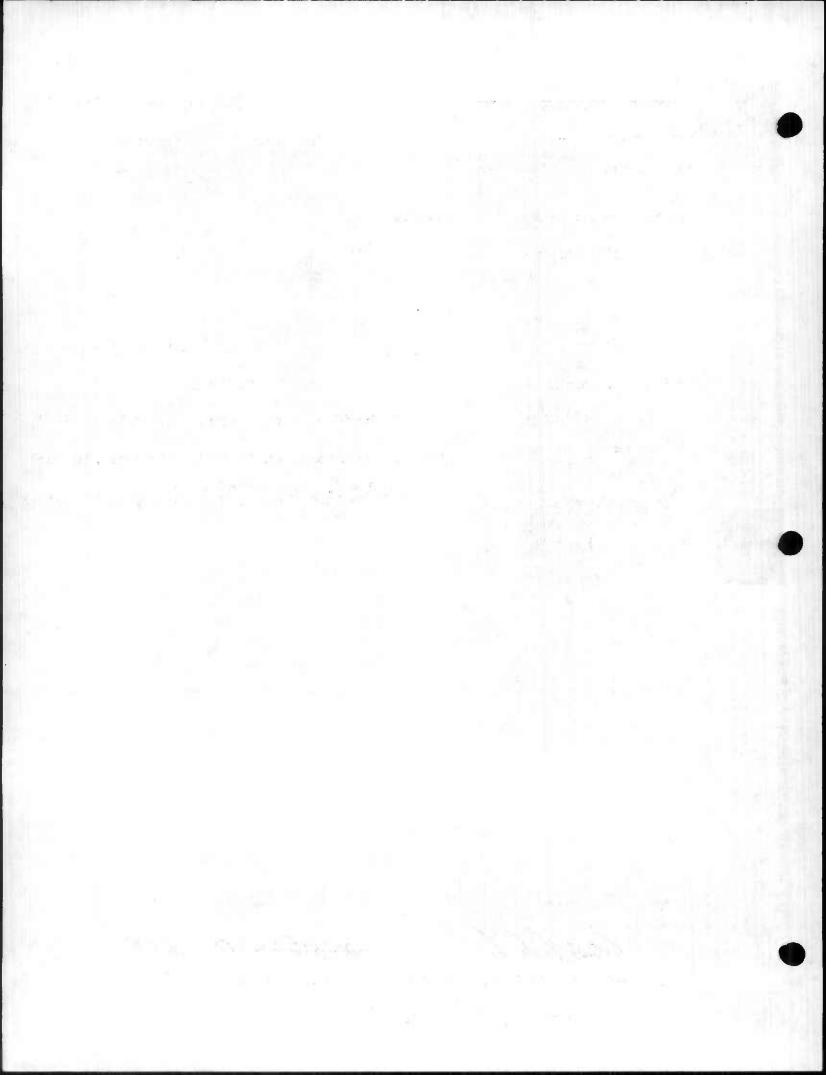


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30. Name and address of person who completed cause of death (Item 23e) (Type, Print) William H WEEV 2460/				30. Neme end eddress of per	son who co		e of deeth (II	tem 23e) (Ty	pe, Print)	AS	TON, M	1	210	50/				
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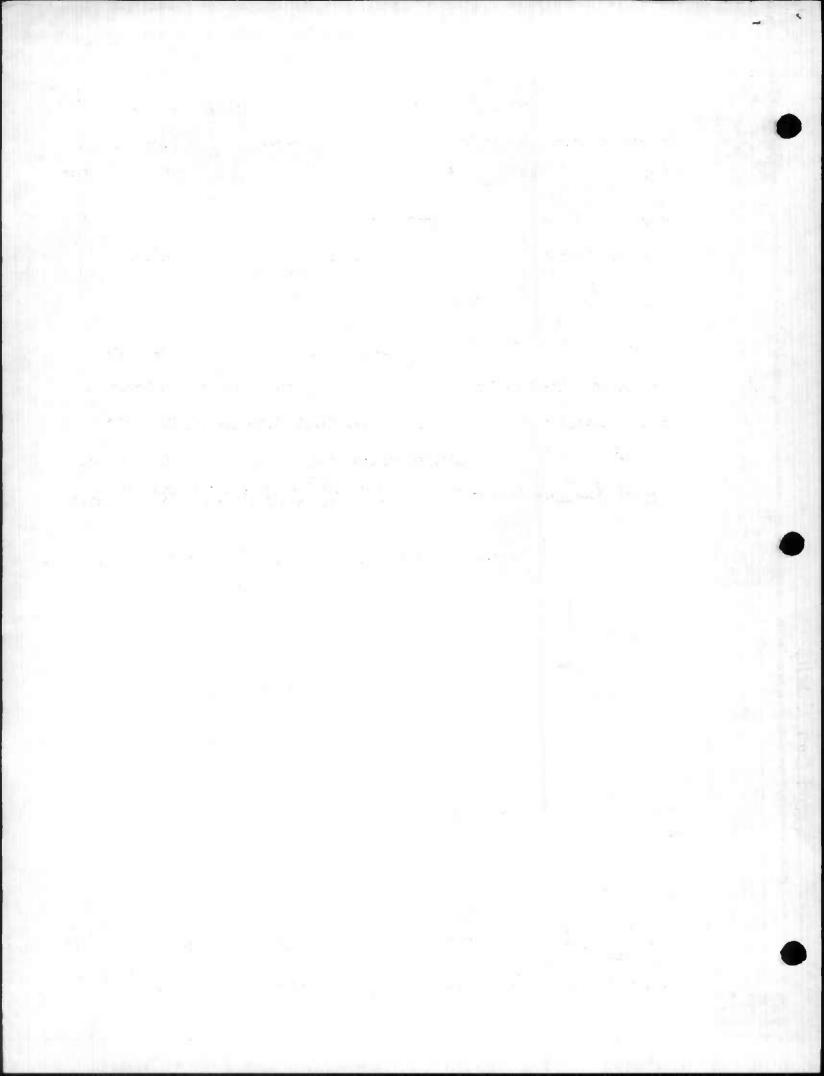


State of Maryland / Department of Health and Mental Hygiene Q R 0 9 9

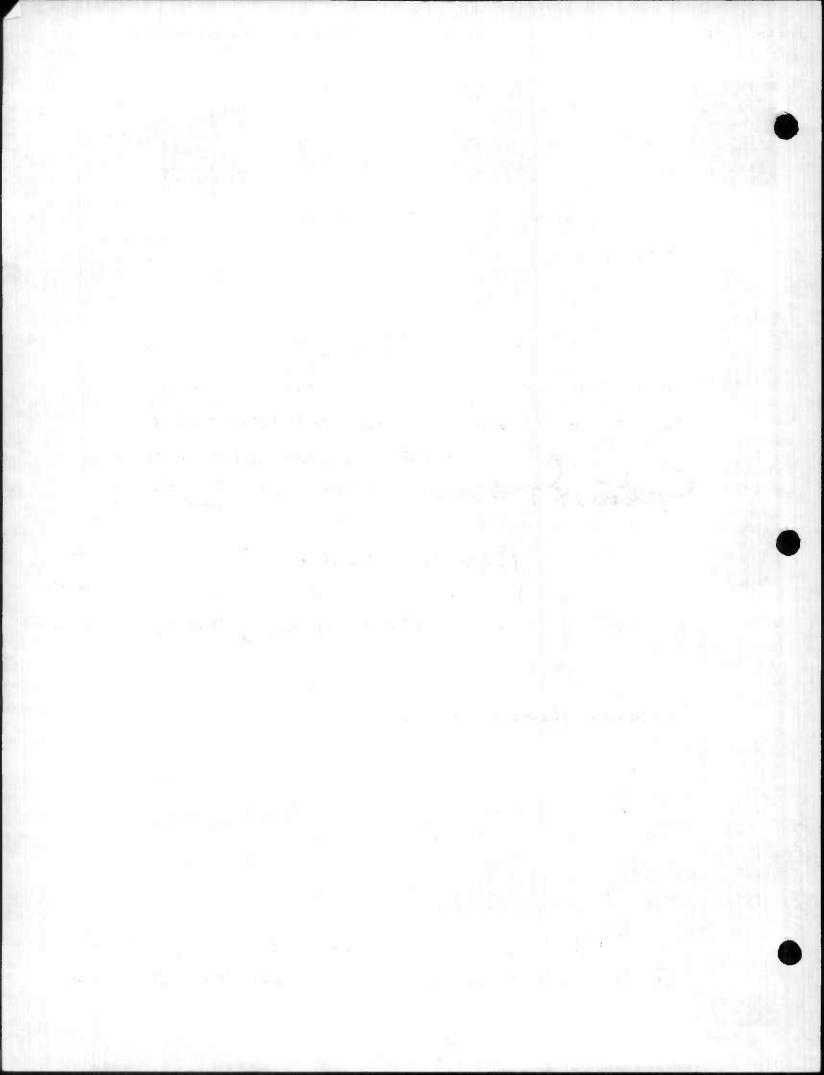
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								I ☐ Yes	2 1 No	1 🗆	Yes 2□1	No
examiner?					011		Death (Check o	nly one)				
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3 Suicide 6 Could determ		28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				ber,						
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	100	2		2	9c. License	e number		29d.	Date signed	d (Month, D	ay, Year)	
30. Name and address of person	who completed cause of	ieath (Item	23e) (Tune	Print\	107	8557	12851	>	3/191	45		
Dr. Edson Mood	dy 1190 Mt.	Aetn			Hager	stown, M	aryland	21	740			
and a summer of the completed by I mystelling	23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Pert II. Other significant conditions in the cause of the	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Carci Carci Carci Carci Carci Carci Carci List only one ceuse on each each disease or condition a. Anemia a.	23a. Part 1. Enter the disease, or complications that caused the death shock, or heart failure. List only one ceuse on each line. 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Injury at Work? 1 Yes 2 No 28a. Deate of Injury 28b. Time of Injury at Work? 1 Yes 2 No 28a. Place of Injury at Month, Day Year; 1 Yes 2 No 28a. Place of Injury at Yes 28b. Place of Injury at Ye	Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N. Hagerstown 23a. fant. Enter the disease or complications that Caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):	Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N. Hagerstown, Mary 23a. Rant: Enter thydiseake, or complications trial baused the death. 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Funeral Director		5. Social Security Number 6. Sec. 12	7. Age M 2□ F	e (In yrs. las 83	Yrs. If Un Month	hs Deys	If Under 24 Hr Hours Mir		rth ay, Year) 3 1915	9. Birthpie Count	oce (State or Form) Ohio
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Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral Director	11. Maritel Stetus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 (A Yes 2 □ N If Yes, Give Year or Dates:]	No	1 □ Vos	specify Cuba	ispenic Origin? (in, Mexican, Pue Specify:	Specify Yes or No irto Rican, etc.)		ce - Americe ck, White, e y: Whit	etc.
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							Cen	tificate of	Death		Reg. No. 9 8	0	9821
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	Physic /Medi		Ruth B	everly P	opo					march	Day	1998	0610
	Exami		4e. Fecliity Neme (i	f not institution, giv	re street end num	ber)			4b. City, Town, or				
			Washin	gton Cou	rty Hosp.	ital			Hagersto	own	Was	hing	ton
	Funeral Director		5. Social Security N 215-20-9	165	Sax 1□M 2 (□F	. Age (In yrs. lest	birthday) Yrs.	If Under 1 Year Months Days			th ey, Year) , 1926	9. Birthpi Coun Mari	lece (State or Foreign stry) yland
	pu *		Usual Residence of 10e. Stata	Decedent 10b. County		10c. City, T		etice					
	ath with the Maryland 23a or 28a-f show	-			- +	Toc. City, 1						1	Od. Inside City Limits
	Ne M	cto	Md.	Washing	gion		паде	rstown					1 ☐ Yes 2 No
	1 P P P	Dire	10e. Street and Nu					10f. Zip Code			10g. Citizen of V		try?
	23a	-E	11549 S	elema Dr	•			21	742		u.s	.A.	
21215-0020	72 hours after death "naturel", or items 23	by Funeral Director	11. Meritel Stetus 1 ☐ Never Merri 3 ☐(Widowed	ad 2 Married	12. Wes Deced Armed Ford 1 Tyes 2 If Yes, Give Yeer or De	. □XNo		es Decedent of I Yes, specify Cub ☐ Yes 2☐(No	Hispanic Origin? (: en, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)	Specify	e - America ok, White, o	etc.
0-19	2 ho	Completed	(0	15. Decedent's E	ducation	10	6e. Decede	ent's Usuei Occup	petion	4.5-	16b. Kind of Bu	usiness/Inc	dustry
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<u>a</u>	Mental Mental arked o	To Be	Richard	Forest	Hook				Ruth I	rene Hou	se		
Maryland	end is me		19e. Interment's Ne	me/Reietionship (Type, Print)	- 1	9b. Mailing	Address (Street	end Number or F	Rural Route Numb	er, City or Town,	Stete, Zip	Code)
	Health Health Jem 27 I		Virginia	L. Mark	er (Sist	er) 8	03 Le	isey C	ircle Ru	skin, Fla	. 33570		
Baltimore,	permit. Peges 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: if item 27 is merked other than any injury or other traumatic event, in a Mense.		20e. Method of Disp	position		20b. Pieca cem e	of Dispos	ition (Nama of atory or other pla	ce)	Data	20c. Location -	City or To	wn, State
E	Peges nent of I int: If ite ury or o		1 Buriai 21	XCramation 3 ☐ 5 ☐ Othar (Special	y)	Smit	hsbur	g Crema	tory Mar	9,1998	Smithst	urg, 1	Ad.
二	permit. Peg Department Important: h any injury o		/	nerei Service Life	-		22.	Nama and Addre	ass of Fecility		- "		
Ö	Depared Important		ANTO.	min X	Va	wo	Da	vis Fund	eral Home	e 12525	Bradbury	Ave.	
			23a. Part1. Entar ti	ne disease, or com	plications that cal	ised the death. [o not enta	r the mode of dvi	no such as cardia		burg, Md.	2178	
d.	Dhusislan		shock, or hae	rt feilure. List only	one ceuse on aa	ch lina.			9,				Approximete interval Between Onsat and Death
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Box	atten for u	Physician/M										i	
Ö	the d	ysic	Part II. Other eignif	icent conditions	ontributing to dea	th but not resulting	g in the un	derlying cause gi	van in Pert i.	23b. Did	tobecco use cor	ntributa to	the ceuse of death?
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Division	Attending or death. ector: After by the fune	atic	2 Accident	investigetio	n				Yes 2□No				
V is	er de recto	tifi	3 ☐ Suicide 4 ☐ Homicide	6 Could not b determined	286. Pieca d	t Injury - At home, , etc. (Specify)	, farm, stre	at, factory, office			Streat and Numb wn, Stete)	er or Rura	l Routa Number,
Ö	of of or or or or or or or or or or or or or	Certification:			Sonons	, die. (opeeny)					, 0.0.0,		
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral		29e. Certifier (Check only	1 Certifying Ph	ysician: To the b	est of my knowled	ige, deeth	occurred et the ti	me, date end piec	a, end due to the	ceuse(s) end me	enner as st	eted.
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			30. Neme end eddra		completed causa	of deeth (Item 23)	a) (Type, P	rint)	-	11.			
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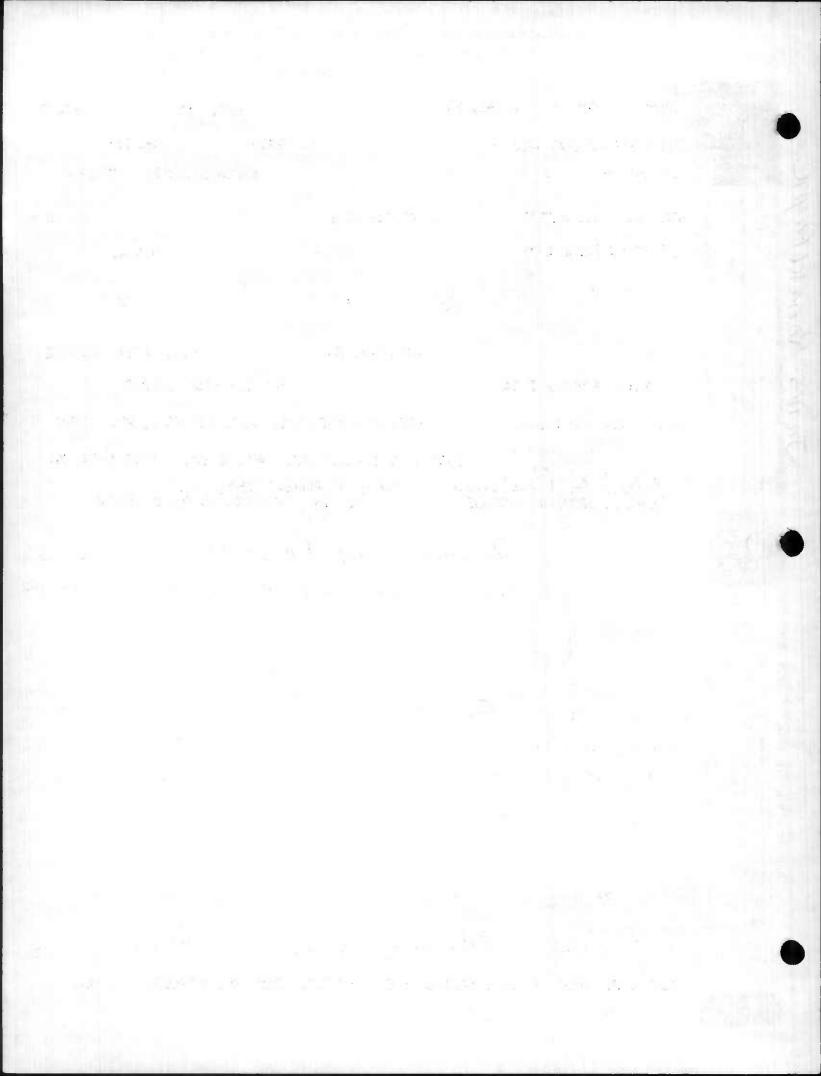


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** Month PARKER Aa. Facility Neme (If not institution, give street and number /Medical 4b. City. Town, or Location of Death 4c. County of Death Examiner If Under 1 Year if Under 24 Hrs. 8.0 Corol Num Buce Jackense Cluscy LeuCe 5. Social Security Number 8. Date of Birth (Month, Day, Year) March 8,1905 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 280 F Days Hours Yrs. Director 93 212-16-1456 maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, tre Medical Examiner must be notified at 1⊠Yes 2□No Director Maryland Dorchester Hurlock 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21643 301 Nealson Street USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 図 No If Yes, Give Year or Dates: 11 Maritel Status Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". or tearn injury or other traument. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: Black þ 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Coilege (1-4or 5+) 7th Laborer Acme 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Louis Johnson Flora Jackson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 301 Nealson Street, Hurlock, Maryland 21643 Dorothy Young (sister) 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Bunal 2 ☐ Cremetion 3 ☐ Removel from State 4 Donation 5 Other (Specify) East New Market Cemetery 3/17/98 East New Market, Md. 21. Signature of Fameral Service Licansee 22. Name end Address of Facility Bennie Smith Funeral Home P.O.Box 1687, Easton, maryland 21601 nter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Physician/Medical Examiner The lew requires that the death certificate be executed physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Box 68760 Due to (or es a consequence of): P.O. signed by the e Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ page 2 should b Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? After this certificate 1 Yes 20 No Division of Vital or Attending Physician: 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 20 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after death To the Funeral Director: completely filled in by the 8 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide the Hospital 29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) VINODRAI MEHTA 300 AURORA STREET CAMBRIDGE, MD 21613 32. Registry Signature 31. Date filed /Month State Registrar

			Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of C	of Death	Reg	ne . No. 98	0	9823
	Physici		1. Decedent's Neme (First, Middle, Last) JAMES RONALD PAYNE, SR.		Month MAR. 1	Dey 1 0	Yeer 198	3. Time of Death 10:24 PM
	/Medi Examir		4e. Fecility Neme (If not Institution, give street end number)	4b. City, Town, or Local		4c. County		10.24 111
			CIVISTA MEDICAL CENTER 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Ye	LA PLATA par If Under 24 Hrs. 8				
L	Funeral Director		5. Sociel Security Number 6. Sex 1 N 2 F 7. Age (In yrs. lest birthday) Funder 1 Yes Norths Detailed Residence of Decedant	ys Hours Min.	Month, Day, You ARCH 27,	1927		CE (Stete or Foreign
1	ehow et et	2	10e. Stete 10b. County 10c. City, Town or Location MARYLAND ST. MARY'S CHARLOTTE HAL				10	d. Inside City Limits
	the Maryle 28a-f ehor notified at	Director	MARYLAND ST. MARY'S CHARLOTTE HAL 10e. Street end Number 10f. Zip Code		10a	. Citizen of W	/hat Countr	
	23a or	ral D	30422 COMANCHE LANE 20	0622		U.S	S.A.	
020	72 hours after deeth with the Marylend natural', or items 23s or 28s-f show alest Examinet must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Wys 2 No 1945- Year or Dates: 1947	of Hispenic Origin? (Specif cuben, Maxican, Puerto Ric No Specify:	y Yes or No- an, etc.)		- America k, White, et	tc.
5-0020	n 72 hor		15. Decedent's Education 18e. Decedent's Usuel Occ (Specify only highest grade completed) (Give kind of work do	ne during most of working	16	b. Kind of Bu	siness/Indu	istry
2121	iena. than "	Completed	Elamantary/Secondery (0-12) College (1-4or 5+) TOUR FOREM	tired)	U.	S. P0:	STAL	SERVICE
0	be filed tal Hygid d other event,	Bec	17. Fether's Name (First, Middle, Last)	18. Mothar's Nama (F	irst, Middle, Mai	iden Sumem	Θ)	
arylan	Men Men	J.	CLYDE CROMWELL PAYNE 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Stra	ALICE V				Code)
Σ	d23 th ar 7 is			CHE LANE, CH				20622
altimore,	of He		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other processes)	plece)		c. Location -		
tim	교투문공.		4 Donetion 5 □Other (Specify) 21. Signature of Funeral Service Licensee ARYLAND VETERAN: 22. Name and Add		.18,199		LTENH	IAM, MD
Ba	Depa Impo		Mark M. I Stohaum THE HUNT	dress of Fecility T FUNERAL HO 156, WALDOR			20604	
			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of c shock, or heart feilure. List only one cause on each line.				1	Approximata Intervel Between
) '	Physician /Medical		Immediate Cause (Final	FAILL	DE			Onset end Deeth
	Examiner		disease or condition resulting In daeth) a. Due to (or es e consequence of):				~	12783
	uted 1 Insit	Examiner	D.	DNEMMO	THURA	X		<12 hR
0,	icate be executed physician end s the burial-transit		Saquentially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or Injury					
68760,	sate the	edical	Cedes (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of):					
Box (eath certific attending p		d					
	e death the atte	sicle	Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa	given in Pert I.	23b. Did toba	cco uae con	tribute to 1	the cause of death?
P.O.	es thet the da igned by the a be detached	y Ph	CHRONIZ RENAL FAILURE		1□ Yee	2□ No	3 Probe	ably 4 Unknown
Division of Vital Records,	seen s hould	Completed by Physiclan/M	MALNUTRITION HYPO TENSION		24e. Wes en a performe		evai	e autopsy findings labla prior to pletion of cause eath?
E R	The law ate hes b page 2 s	Com	HYDOTENSION		1 🗆 Yes	2150No	10	Yes 2□ No
Vita	ysician: The is certificate director, pag	Be	25. Wes case raferred to medical exeminer?	26. Place of Deeth (C				
of	Phys eral di	n: To	27. Manger of Daeth 28a. Date of Injury 28b. Tima of 28c. Ir.	4 U Nursing Home	5 Residence d. Describe how			
sion	Attending Physician: r death. sctor: After this certific by the funeral director,	catio	2 ☐ Accident Investigation M 1	Yes 2 No				
DIVI	after d after d Direct J in by	ertiff	3 Sulcide 4 Homicida 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	ce 28f	. Location (Stree City or Town, S	et and Numbe Stete)	er or Aurel	Route Number,
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director; A completaly filled in by the fi	edical Certification:	29a. Certifier (Check only one) 11 Gertifying Physician: To the best of my knowledge, deeth occurred et the end menner steted.	a time, deta end plece, end by opinion, daath occurred	due to the caus et the time, date	a(s) and mai end plece, e	nner es sta end due to t	ted. he ceuse(s)
	To the within	Σ	Attendia	ense number -44436	29d.	Dete signed	(Month, D	ey, Year) 1 1228
			30. Name and iddrass of person who completed cause of daeth (Item 23a) (Type, Print)	COMPTAT DADS	DD TIAT	Mpr	MD 20	2602
	Sta	te	ASHVIN J. PATEL PRESTON SQUARE II 6B INDU 31. Dete filed (Month, Day, Year) 32. Registra's Signature	SIKTAL PAKK	DK. WAL	DUKI',	MU ZC	JOU2
	Registr	ar	31. Dete filed (Month, Day, Year) MAR 1 7 1998 Jun diwdeor Roydall					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Mi	iddle. Last)			C	ertificat	e of	Death	2. Date of De	Rag. No		091	Time of Death		
Physic		Daniel Wilson Pa		7						Month	Day		Year			
/Medi Exami		4a. Facility Name (If not institu			oer)				4b. City, Town, or	March 1	-	.998 . County		25 p.m.		
EXAMI	ier	1101 Blanco R			/				Millingt		110,04		Anne's			
Funeral		5. Social Sacurity Number	6. Sax	7	Aga (In yrs.	last birthde	y) If Unda		If Under 24 Hrs	8. Date of Bi				(State or Fore		
Director		213-24-0322 Usual Residence of Decedent	Yrs.					Hours Min	February				County			
M W		10a. State 10b. County 10c. City, Town or Location											10d. I	Insida City Lin		
23a or 28a-f show	tor	Maryland Quee	n Anne'	S	Mil	lingto	n				10'			I□Yes 2□		
or 28	Sire(10e. Street and Number				10f. Zip Code							10g. Citizen of What Country?			
23a	rai	1101 Blanco Road					216	551			U.S.A.					
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mantal Hygiana. Important: If item 27 is marked other than "natural", or items 23e or 28e-f show sall figury or other traumatic event, the Med cal Examination to contact must be notified approxi-	by Funeral Director	11. Marital Status 1 □ Never Marriad 2 ☒ N 3 □ Widowed 4 □ Divord	Married	2. Was Daced Armed Forc 1 X Yes 2 If Yes, Giva Yaar or Date	es? □ No 10/.7				Hispanic Origin? (San, Maxican, Puel Specify:	Specify Yas or No to Rican, etc.)	0-	Blac	- American li k, White, etc. : White	ndian,		
	Completed	15. Dece (Specify only hig Elementary/Secondery (0-12		ation com <i>pleted)</i> College (1-4	or 5+)	(Giv life.	16a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired		pation during most of wo d)	16b. Kind of Business/Industry						
		17. Father's Nama (First, Midd	lle. Last)										ing Construction umeme) Fown, Steta, Zip Code) ution - City or Town, State			
	To Be	William Franklin		ory					Mildred I		, 147410011	00,770111	-/			
	F	19a. Informant's Name/Relation				19b. Me	iling Address	(Street			er, City o	or Town,	Steta, Zip Coo	fe)		
		Shirley Anna Pali	matory/	Wife					l, Millingt		21651					
		0a. Method of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐ Removal from State 20b. Place of Disposition (Nem cematery, cremetory or of						ne of	ca)	Data	20c. Lo	ocation -	City or Town,	State		
		1 ☑ Burial 2 ☐ Cramatic	on 3 ∐Rer <i>(Specify)</i>	moval from St	1(0				y/March 19	. 1998	Sirlle	ersvi	lle, MD			
Departma Importan sny Injur		21. Signature of Funeral Servi	ce Licensee	1/11	1/2/5		22. Name an	d Addre	fenbein, &							
ysician		23a. Part1. Entar the dis idea shock, or heart tail ide. L	or complice list only one	ations that cau cause on eac	sed the deet h line.	h. Do not e	nter the mod	e of dyle	ng, such as cardie	c or respiretory e	errest,		inte	proximate erval Between set and Death		
Medical aminer		fmmediate Cause (Final disease or condition		\mathcal{R}	2501	rator	4 /2	71/4	ire				4	8 lus		
2 15	Jer	resulting in death)		C		or as e cons	equence of):									
ansit	i i	Sequentially list conditions	b		Due to (T UQI	equenca of):	19	P							
an ar	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	i i	evs												
g physician and as tha bunel-transit	edicai Examiner	that initiated avants resulting in death) Last			-											
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for us	ian															
the	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause				ausa giv	an In Part I.	23b. Dld	old tobacco use contribute to the cause of			cause of dea				
igned by the attendir be datached for usa	by Ph	He Alcohol Abuse the Tobacco Abuse.								15(Yee 2			3 Probably	/ 4□Unkn		
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this cartificata has al director, paga 2	2	1 Yes 240 No	1 ☑ Natural 5 ☐ Pending (Month, Dey Year)			28b. Time fnjury	of 2	8c. Injur Wor	ryat rk? Yes 2 □ No	28d. Describe	y occurre	9d				
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fter this cartificata has unaral director, paga 2	Medical Certification: To	27. Manner of Death 1. Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	stigation Id not be imined ying Phyalc at Examine	28e. Place of building, fan: To the be r: On the besis	Injury - At he etc. (Specification of my knows of examina	v) wiedge, dea	th occurred anvestigation,	at the tir In my o	me, date and place pinion, death occu	City or To	ceuse(s) date and 29d. Dat	and mar i place, a	nner as statad nd due to the (Month, Day,	cause(s)		
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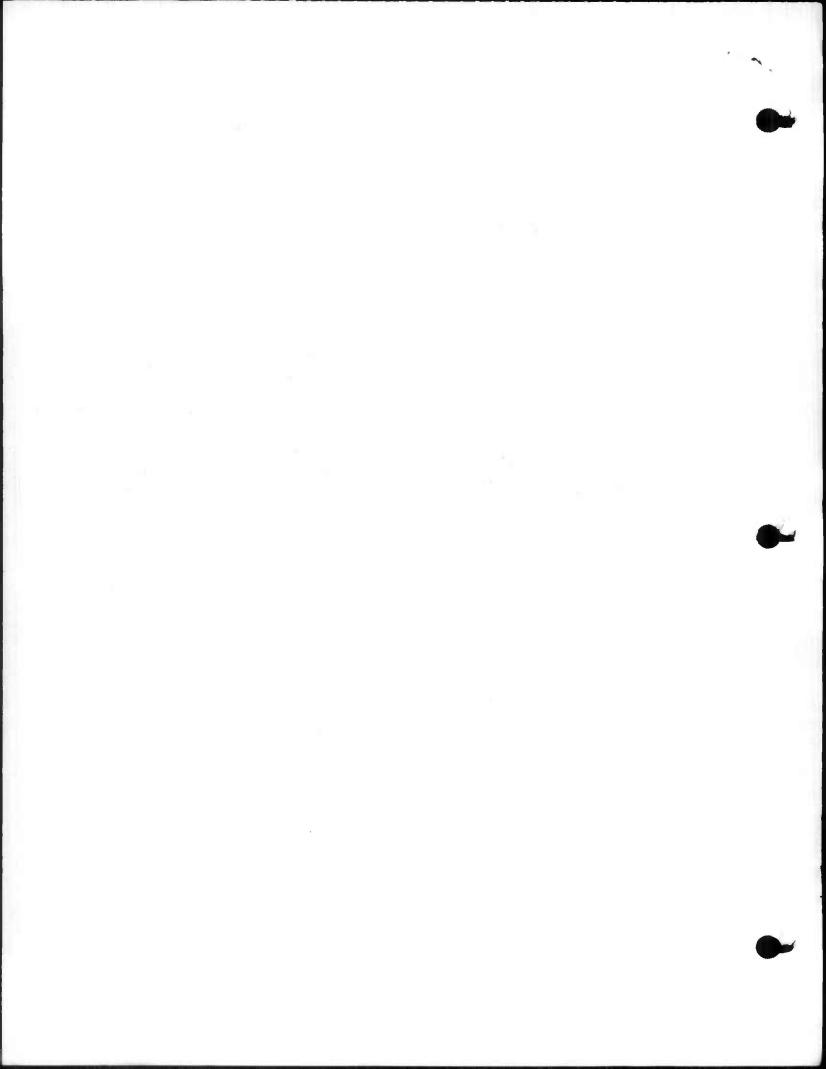
Fulia Davidson

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WAR 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crer	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event
P.O. BC	th certificate I	ending physic	I Hygiene pric	or other tra
ORDS,	that the deal	ned by the att	th and Menta	any Injury,
AL REC	e law requires	has been sign	Dept. of Heal	23 shows
DF VITA	IYSICIAN: The	is certificate	ith the State	ed, or Item
NOISI	ITENDING PI	CTOR: After th	after death w	28 Is mark
NG.	HOSPITAL OR A	FUNERAL DIRE	within 72 hours	TANT: If Item
	THE THE	THE CH	be filed	IMPOR

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Frank Newton Rosenberry March 16,1998 :55 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Dey, Year)
Sept. 8, 1936 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore 220-34-0996 61 MD 9a. FACILITY NAME (If not institution, give st 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 14733 National Pike DIRECTOR Clear Spring, Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Washington Clear Spring, 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12424 Indian Springs Road 21722 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Il yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY Specify:white Widowed 4 Divorced 1960-1965 ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Deli/Restraunt Elementary/Secondery (0-12) College (1-4 or 5+) COMPL Owner / Manager 12 years 0 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James Frank Rosenberry Caroline Ruth Suder BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Carole A. McCardell 11 N.Conococheague St.Williamsport MD 21795 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Suriel 2 Cremetion 3 A Parkhead Cemetery Mar. 19,1998 Big Pool MD S.ini, Other (Specify) 21. SIGNATURE OF BUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Inc. O.Box 310 Clear Spring.MD 21722 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition of ancer Common months resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not requiting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARI F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Oulpatient 3 -DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and pleca, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner ee stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) problema 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

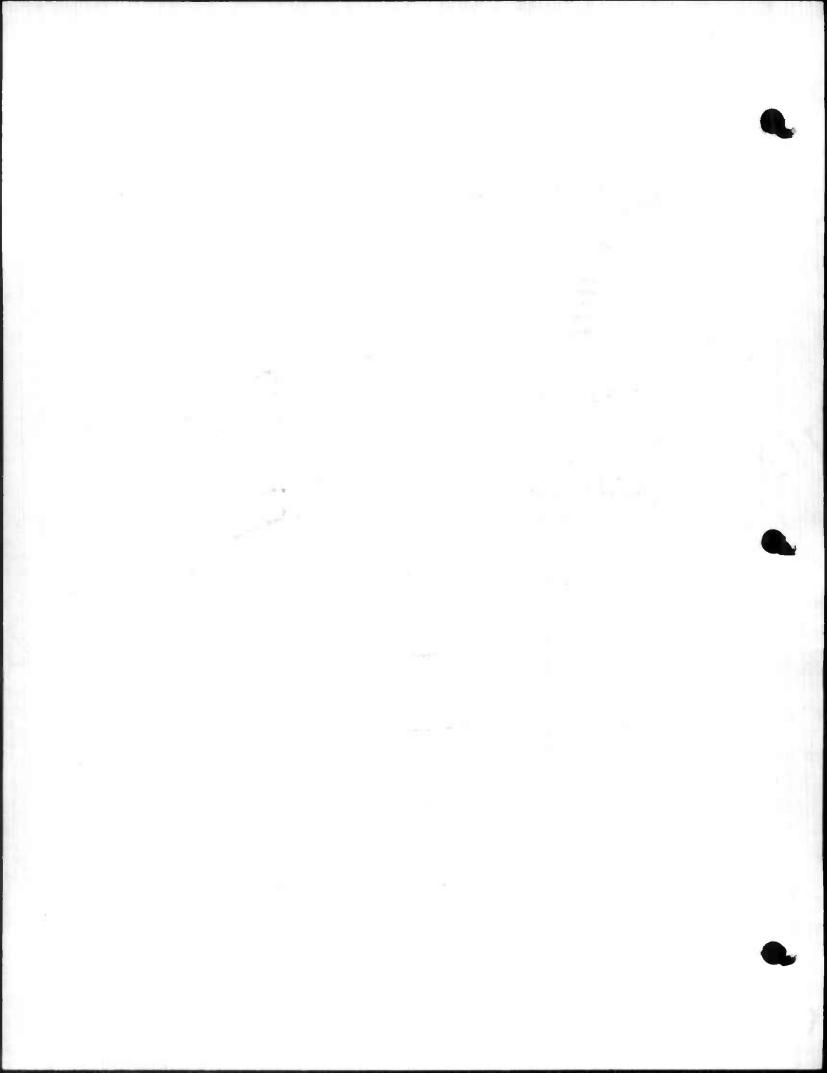


	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR G-758 4/2/98STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR I tems: 23 part I,24b per MEO CERTIFICATE OF DEATH reb REG NO

	HEGISTHAN 200	71 LO Pu.	,		CENTIF	ICAL	E Ur	DEA	in re	:D	REG. NO.			
8	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE O			YEAR	3. TIME OF DEATH
- 8	CHARLOTTI	E JOA	N ROH	RER										3:29 P M
	4. SOCIAL SECURITY NUMBER	R S	s. SEX	6. AGE (In yr:	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	ATE OF BIRTH		-	PLACE (State or Foreign
- 8	218-30-8595		□ M 2 🖾 F	61	YRS.	MONTHS	DAYS	DAYS HOURS MIN. TTTT			Dav. Year)	26	Country	v)
	9a. FACILITY NAME (If not ins		and numbers	01		at our	. TOMB! (OR LOCATI		JULY	2, 19	~	_	ARYLAND
œ			90. CIT							INTY OF D				
DIRECTOR	WASHINGTON RESIDENCE OF DECI		HOSPITA	Ш			HA	GERS	TOWN			W	ASHI	NGTON
E C		10b. COUNTY			10c. CI	Y, TOWN	OR LOCAT	HON						10d. INSIDE CITY
E	MARYLAND	T.TA	SHINGTON	T	9.5				TIACIE	в стол	A.T		- 1	LIMITS?
	10e. STREET AND NUMBER	VV.PA	DITTINGTOR	N.						RSTOW	N			1 YES 2 NO
RA							101	. ZIP CODI				10g. CIT	IZEN OF W	HAT COUNTRY?
W	11015 ROSEV									21740			U.S.	Α.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X h		2. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT C	F HISPAN	NC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divon		IF YES, GIVE W					2 🔯 NO			ari, etc.)		Specif	
														WHITE
핃	15. DECE (Specify only	DENT'S EDUCAT highest grade co	TION mpleted)	16a	Give kind of				107	16b. K	ND OF BUS	INESS/IN	DUSTRY	
١٣	Elementary/Secondary (0-1	12)	College (1-4 or 5 +		life. Do NOT u	se retired.)								
를			3		REGIS1	ERED	NUR	SE		N	URSIN	IG HO	ME	
COMPLETED	17. FATHER'S NAME (First, Mid	idle, Last)						18. MOTI	HER'S NAI	ME (First, Mid	dle, Maiden	Sumame)		
BE (JOHN V.K. F	ISHER						ALM	IA BA	RNHAR	T			
	19a. INFORMANT'S NAME (Typ	oe/Print)			19b, MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number,	City or Town	n, State, Zi	o Code)	
2	DANIEL S.J.	ROHRER	.TR											ND 21740
- 8	20a, METNOD OF DISPOSITIO	N .			CE AND DATE				وند۷	DATE	_		City or Tox	
	1 Donation 5 Other	3 Remove	I from State	cemetery	, crematory or o	ther place)			2/7					
- 1	Paul M. Dean BAST FUNERAL HOME 7606 Old Nationa										MARYLAND			
- 1											Natio	nal Pike		
	Taul	Mar	- Paul	ri. De	ean	DA.	51 T	UNER	AL H	UME]	Boons	boro	, MD	21713
	23. PART I. Enter the dis	easea, or con	nplications that	caused the	death. Do	not anter	tha mo	de of dyl	ng, suct	n aa cardla	c or respi	ratory ar	rest,	Approximate
	shock, or had	art failure. Lis	t only one caus	se on each	lina.									Interval Between Onset and Death
	disease or condition			VENTR	ICULAR 1	ACHYO	ARDIA	4						moments
	resulting in death)	8.,	DUE TO		NSEQUENCE O									
_]					MYOPATHY									YEARS
CERTIFICATION	Sequantially list condition	na, b.	DUE TO		SEQUENCE O									TEARS
A	if any, leading to immedicause. Enter UNDERLYIN		202.10	0.1 AG A GO!	IOLOGENOE O									
유	CAUSE (Disease or Injury		DUE TO	OR AS A COA	SEQUENCE O	E):								
Ē	that initiated events resulting in death) LAST		DOL 10	OR AS A COR	43EGOENCE O	r).								
與		d												-
	PART II. Other significan	t conditions o	contributing to	daath but n	ot resulting	In the ur	deriying	cause o	lven in i	Part I. 2	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL											PERFOR	MED?	- 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	· · · · · · · · · · · · · · · · · · ·									- 1	YES 2	□ NO		OF DEATH?
Σ	DID TODA GOOD HE													XX YES 2 NO
Z	DID TOBACCO US		BUTE TO CAL		_			UNC	ERTAIN	1 🗆 📗				
5	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:	26. P	LACE OF DEA	OTHEI	_							
YSI	1 TES 2 NO		☐ Inpatient 2 🔯	ER/Outpatien	R 3 DOA			9 5 □ Re	sidence	8 - Other (5	(pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, De		28b. TIM	E OF URY	28c, INJI WO	URY AT		28d. DESCF	IBE HOW IF	URY OC	CURED	
BY	1 Netural 5 P	ending vestigation		,,		M		ES 2	NO					
- 11	2 Cutotal	ould not be	28e. PLACE OF	HUJURY - A	I home, farm,	street, fact	ory, office			28f. LOCATE	ON (Street a	nd Number	r or Rural Ro	oute Number,
COMPLETED		stermined	Sunony,	ne. (Specify)					- 1	City or	lown, State)			- 54 11.
"	290. CERTIFIER	VINC BUVEICIA	N: To the heat of	- te-set-de-								_		
₹			N: To the best of a											
8			On the basis of sx	imination and	Vor investigation	n, in my c	pinion, d	esth occur	ed at the t	time, dete en	d place, and	due to It	he cause(s)	and manner as stated.
ш	296. SIGNATURE AND TITLE C	F CERTIFIER		- /:				29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
8	Colera	04	20	X D				D(0106	2			MARCE	i 6, 1998
2	30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUS	E OF DEATH	ITEM 27) (Type	Phot)								,
	Dr. Edward	W. Ditt	to III	M.D	217 W	est :	Wach	inot	on c	treat	Иоо	orat	OT.PS	MD 21740
	31. DATE FILED (Month, Day, Ye	er)	32. REGISTRAT	S SIGNATUR	IE L	CDL	MADII	TIIZL	OII D	rreer	, пар	CISC	.UWII.	FID 21/40
		11 4000	1 1. 7.	Za. i. f.	-A Brand	.00 -								
	MAR 0	6 1998	gune	C Ward as	Di ant lasta									- 1





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State of Maryland / Department of Health and Mental Hygiene

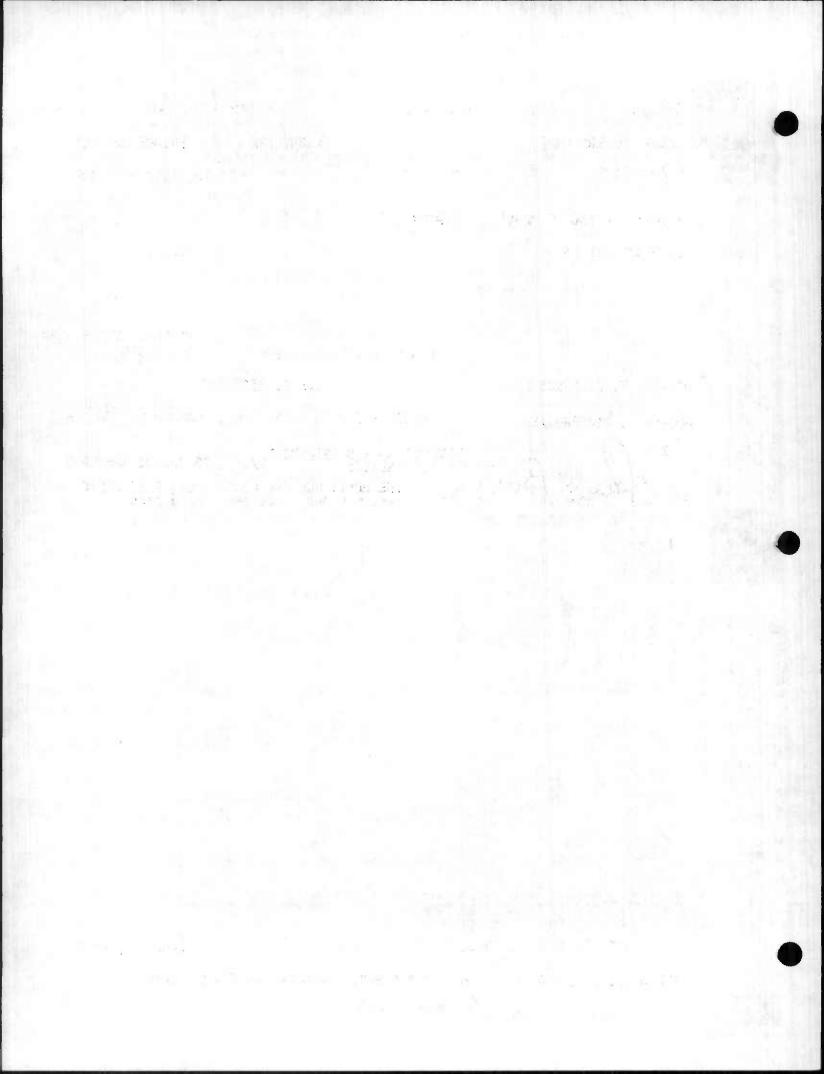
				Certific	ate of Death	Re	g. No.	09821
Phys	ician	1. Decedent's Neme (First, Middle, L	Lest)			2. Dete of Deeth	Dey	3. Time of Death
	dical			CHARDS		MARCH 13	, 1998	11:24 AM
Exar	niner	4a. Fecility Name (If not institution, g			4b. City, Town, or		4c. County	
Funer		16509 SUMMERS LA 5. Social Security Number 6.		yrs. last birthdey) If Un	BRANDYWIN der 1 Year If Under 24 Hrs			GEORGE'S
Direct		577-26-3522 Usuat Residence of Decadent	1 X M 2□ F 84	Mont	hs Days Hours Min.			Birthplece (State or Foreign Country) MARYLAND
yland		10e. Stete 10b. County	100	. City, Town or Location				10d. Inside City Limits
a Mar	ctor	MARYLAND PRINCE	GEORGE'S I	BRANDYWINE				1 ☐ Yes 2 No
th with th	al Director		ΙE	10f.	Zip Code 20613		J.S.A.	Whet Country?
5-0020 72 hours after death with the Maryland natural, or Items 23e or 28e-1 show once Examine must be notified at	by Funeral	3 Widowed 4 □ Divorcad	12. Wes Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	tf Yes, s	cedent of Hispanic Orlgin? (Specify Cuban, Mexican, Puers 2 17 No Specify:	Specify Yes or No- to Rican, etc.)	Bied	e - American Indien, ck, White, etc.
E . E	Completed	15. Decedent's (Specify only highest g	Education trade completed) College (1-4or 5+)	life. DO NO	work done duning most of wo T use retired)	rking	MARYLAN	ustness/Industry ID STATE ROAD
		9	-4	CHAUFFEUF	R/TRUCK DRIVER		COMMISS	
日 る直分子	To Be		RDS	•	IDA R. R	me (First, Middle, M	leiden Sumem	10)
· 5 8 8 7		19e. Informent's Neme/Reletionship JOSEPH N. RICHARD			ess (Street end Number or Richards FERRY			
		20a. Method of Dispersion 1 X Buriel Z Demetion 3	Removel from State	b. Place of Disposition (in cometery, cremetory)	Neme of or other place)	Dete 2	20c. Location -	City or Town, Stete
Baltimor permit. Pagas Departmant of Important: If its	1	4 Donetion 5 Other (Spec	ify) O C	MANUEL UNII IURCH CEMETE	ED METHODIST	/17/1998	BADEN,	MARYLAND
Ball semit separ mpor iny lin	Suc Suc Suc Suc Suc Suc Suc Suc Suc Suc	21. Signeture of Fundral Service Lie	en Diskary	ZZ. IVAIITE	end Address of Fecility SUNTT FUNERAL			
		JPI MARK G. BROHA		156	WALDORF. MARY	LAND 206	504-015	6
Dhominia	, F	23e. Pert1. En er the diseese, or con shock, or heart feilure. List onl	mplicetions that caused the d y one cause on each line.	leeth. Do not enter the n	node of dying, such es cardie	c or respiretory erre	st,	Approximete Intervel Between Onset end Deeth
Physicia /Medica	_	Immediete Ceuse (Finel	40	11	00			16
Examine		disease or condition resulting in deeth)		to (or es e consequence		3		10-33
D is	iner.		Mocor	food Tx	Eny Ky Aly 8	ma		A85
X 58 / 50, artificate be asscuted ing physician and a as the bunial-transit	Examiner	Sequentially tist conditions, if any, leading to immediate	0.7	o (or es e consequença				1
K 68 / 50, artificate be axecut ing physician and a as the bunial-trar		Sequentielly tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c. Asterws	devotre (ardiac 10	some		723
o phy	edical	resulting in deeth) Lest	Due f	o (or es e consequence o	of);			1 1 1 1 1 1 1 1 1
0 2 5 2	M/UE		d					
. 0 0 %	Physician/	Pert II. Other significant conditions	contributing to death but not	resulting in the underlyin	g cause given in Pert i.	23b. Did tot	DECCO USE COI	ntributs to the cause of death
d by the deteched						1 □ Ye	8 2□ No	3 Probably 4 Unknow
requires that that the seen signed by the hould be deteched.	1 by					041 1441111		24b. Were europsy findings
v require been si should	Completed					24e. Wes en	ed?	available prior to completion of cause
The law ata hes b	dmo					453	- o Nefal-	of death?
VITAL I	Be Co	25. Wes case referred to medical			26 Place of De	1 ☐ Yes	/\	1 ☐ Yes 2 ☐ No
Of VICE Physician: rithis certific ral director.	To B	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	2 ER/Outpetlenf 3	DOA Other: 4 Nursing F	14		er (Specify)
OVISION OF VICE HECOPICS, for Attending Physicien: The law requires the effer death. Director: After this certificate has been signe of in by the funaral director, page 2 should be of in by the funaral director, page 2 should be		27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigetic	28e. Dete of Injury (Month, Dey Yea	28b. Time of Injury M	28c. Injury et Work?	28d. Describe ho	w Injury occurr	ed
DIVISION Attendent Director:	Certification:	3 Suicide 6 Could not determined	28e. Pleca of Injury - / building, etc. (Sp	At home, farm, street, fectecify)	tory, office	28f. Location (Str. City or Town,		er or Rural Route Number,
6 0 = 8		29a, Certifier 12 Certifying P	hysician: To the best of my	knowledge, deeth occurreninetion end/or investigeti	ed et the time, dete end plece	, end due to the car erred at the time, de	use(s) end me te end pleca, a	nner es stated.
Hospital 24 hours Funeral lataly filled	dical	(Check only 2 Medical Exa	end menner steted.		on, in my opinion, deeth occu			and due to the cause(s)
To the Hospit vithin 24 hour To the Funers complataly fille	Medical	(Check only 2 Medical Exa	end menner steted.		on, in my opinion, deeth occu 29c. License number	29	d. Dete signed	d (Month, Dey, Year)
To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completaly filled in by the funeral	Medical	(Check only 2 Medical Exa	end menner steted.					

State Registrar

31. Dete filed (Month, Dey, Yeer)

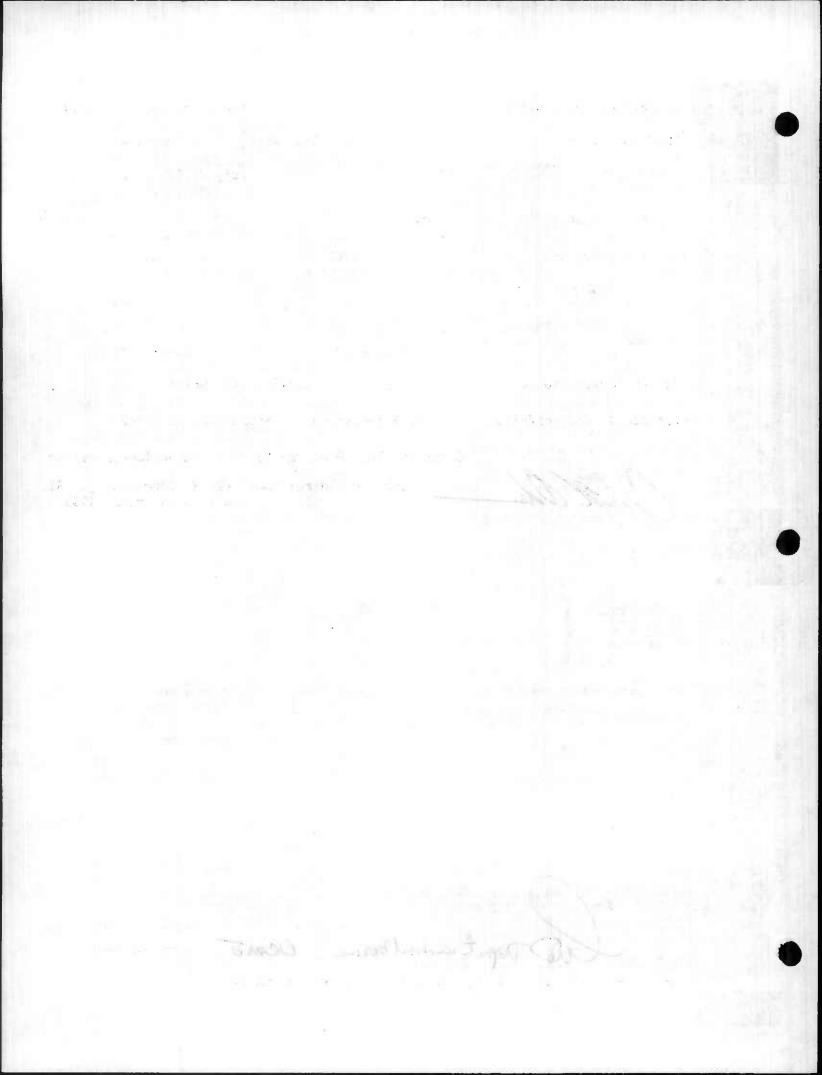
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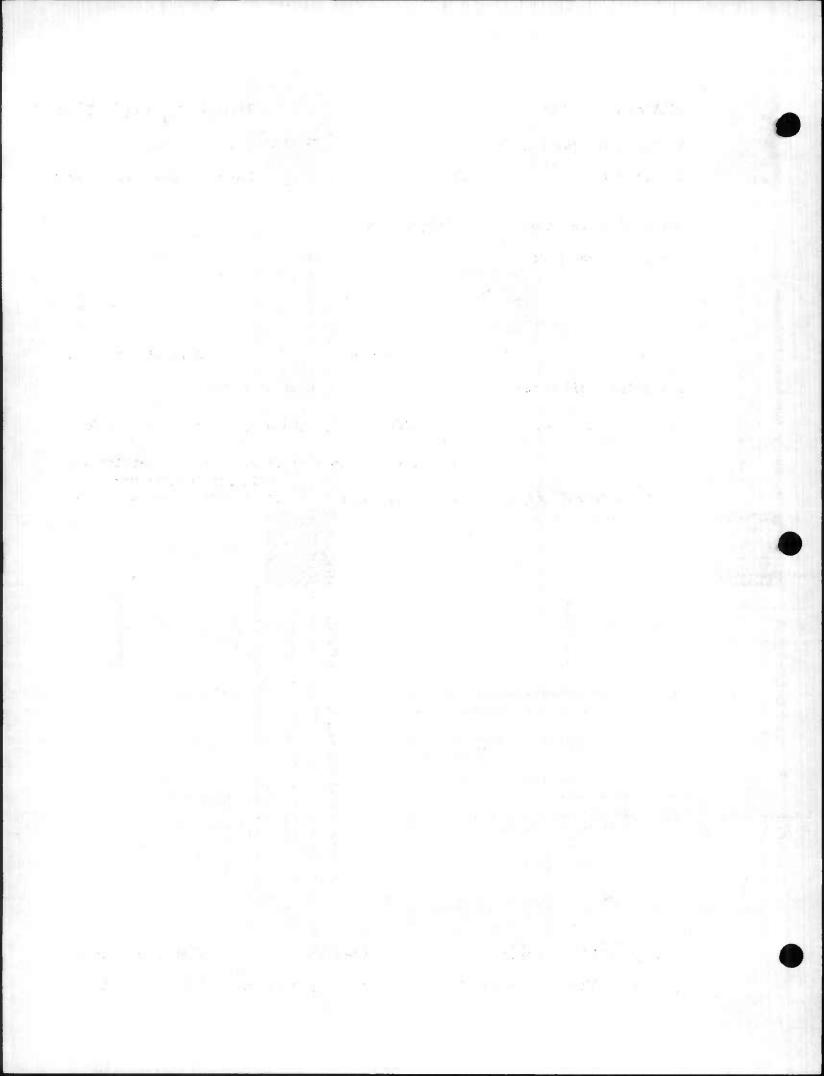
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				ate of wi			ificate of	Death		Reg. No.	8 U	9828
П	Ohuolo	:	Decedent's Neme (First, Middle, Lest)						2. Dete of De		Vana	3. Time of Deeth
J	Physic /Medi		Gilbert Hildon SHAW	YER					Month	13,199	Yeer 8	10:15 P.M
6	Exami		4e. Fecility Neme (If not Institution, give stree	t end number)				4b. City, Town, or Lo	ocation of Death			
1			7042 Tommytown Rd.					Sharpsbu	rg	Wash	ingto	n
	_o Funeral Director		5. Social Security Number 6. Sex 219-14-9912	7. Ag 2□ F	e (In yrs. lest birt	thdey) Yrs.	Months Deys		8. Dete of Birt (Month, De July 2	h, Year) 4,1925	9. Birthpl Count Mary	ace (Stete or Foreign try) land
	fand fand		10e. Stete 10b. County		10c. City, Towr	n or Loca	ation				T10	Od. Inside City Limits
	the Marylar 28a-f show	jo	Maryland Washington	n	Sharp	sbur	ď					1 ☐ Yes 2 🕱 No
	n the	Funeral Director	10e. Street and Number		,		10f. Zlp Code			10g. Citizen of	Whet Count	trv?
	h with	<u>=</u>	7042 Tommytown Rd.				21782			US		
	death	ner	11 Marital Status 12. V	/as Decedent I	Ever In U,S.	13. W		Hispenic Orlgin? (Spo an, Mexican, Puerto	ecify Yes or No-		e - America	
Maryland 21215-0020	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or ferma 23s or 28=1 show ont, the Medical Examine must be notified at	by Fu	1 Never Married 2 Married 1	med Forces? XYes 2 1 N Yes, Give eer or Detes:	1944 - 1946		Yes, specify Cub		Rican, etc.)		ck, White, o	
2-0	2 ho	De le	15. Decedent's Education	1		Decade	nt's Usuel Occup	petion		16b. Kind of B		
21	I within 72 ho iene. r than "netur in Wedcel	Completed by	(Specify only highest grade con Elementery/Secondery (0-12)	ollege (1-4or 5	+)			during most of works d)	ing			
2	w be will will be the	Con	8		,	Car	penter			Constr	uctio	n
pur	end Mental Hygiene. s marked other than sumatic event, the M	Be	17. Fether's Name (First, Middle, Last)					18. Mother's Name			ne)	
yla	2 should be end Mental Is marked o	2	Julian Herman Shawyo					Lottie N				
	DENE		19e. Informant's Neme/Relationship (Type, F Florence J. Shawyer/V	-				end Number or Run wn Rd. Sha				Code)
ore	of Healt of Healt f Item 2 r other	- 17	20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove	el from State	20b. Plece of cemeters	Disposit y, creme	tion (Neme of tory or other ple	се)	Date	20c. Location	City or Tov	vn, Stete
im	Pag ment ant: I		4 ☐ Donetion 5 ☐ Other (Specify)	of from State	Cedarla	awn	Mem. Pa	rk Mar.17	,1998 I	Hagerst	own,Ma	aryland
Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 eny injury or other		21. Signature of Funeral Service Lisensey	_				ess of Fecility neral Home	Will	amspor		ague St. 21795
			23 Part Enter the disease, or complication fock, or hear feilure. List only one certain	ns thet caused use on each lin	the deeth. Do n	ot enter	the mode of dyli	ng, such es cardiac d	or respiretory er	rest,		Approximete Intervel Between
	Physician /Medical		Immediate Ceuse (Finel								į	Onset end Deeth
	Examiner		disease or condition resulting In deeth)	ancer o	f the He	ead	and Nec	k				Years
		ē			Due to (or es e c	onseque	enca of):					
60,	tificete be executed g physicien end es the buriel-transit	al Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury c.		Due to (or as e c	onseque	ence of):					
Box 68760,	death certificete e ettending physiset of for use es the	Physician/Medical	thet initieted events resulting in deeth) Lest		Due to (or es e co	onseque	nce of):					
	deat	sicis	Part II. Other significent conditione contribut	ing to death bu	t not resulting in	the und	erlying cause giv	ren In Pert I.	23b. Dld to	obacco uee co	ntribute to	the cause of deeth?
P.O.	res that the designed by the electron	Phy	Previous Myocardial				, , , , , , , , , , , , , , , , , , , ,			es 2 No		ably 40 Unknown
	es that igned b	by	Trevious Myocardiar	Tillarc	11011							
Records,	been should	Completed	Hypertension, Chron	ic Obst	ructive	Pul	manary I	Disease	24e. Was e perfor		com	re eutopsy findings lieble prior to apletion of cause eeth?
	The te h	E O	Congestive Heart Fai	lure					1 🗆 Y	es 2 XNo	10	Yes 2□ No
Vita	Iclan: The certificate rector, peg	Bec	25. Wes case referred to medical examiner?					28. Plece of Death	(Check only or	ne)		
of <	2 0 0	To	1 Yes 2 No Hospita	al: 1 🗆 Inpatier	nt 2 ER/Out	petient	3□ DOA Oth				er (Specify))
0			27. Manner of Deeth 1 X Neturel 5 Pending	Dete of Injury (Month, Day	Yeer) 28b. Ti	ime of	28c. Injur Wor	y et k?	28d. Describe h	ow Injury occur	red	
Division	Attending or death. actor: After by the fune	Certification:	2 Accident Investigation					Yes 2□No				
Ž	efter d Direct J in by	E	3 Suicide 6 Could not be determined 280	 Pleca of Inju building, etc. 	ry - At home, fari (Specify)	m, street	t, factory, office	2	28f. Location (S City or Tow	treet end Numb n, Stete)	er or Rural	Route Number,
	ital or rail Dilled i											
	Hosp 24 ho Fune tely fi	edical	29e. Certitier 1 Certifying Physician (Check only one) 2 Medical Exeminer Constitution (Check only one)	n the basis of	exeminetion end	deeth or	ccurred et the tin	ne, dete and pleca, e plnion, deeth occurre	and due to the c	euse(s) end me ete end plece,	enner es sta	ited. the ceuse(s)
	To the Hospital of within 24 hours e To the Funeral D completely filled in	Med	29b. Signeture end title of certifier	nd menner stet	ed.		29c. Licens					
	₹.¥ ₽.8	1	by the state of th	~ -	4 0	15	E.a. Liberis	•		9d. Date signe		
		1		Depu	y needs	dul t	xcemen	Oew	18	March 1	6,199	8
			30. Name end eddress of person who complet Arthur H. Horn, M.D.		awh (Item 23e) (1 irginia			cetown MD	21740			
	Sta	te	31. Dete filed (Month, Dey, Year)					rstown,MD	21/40			
	Registr		MAR 1 6 1998	grist	Signature Widson-R	andal	٩					



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

_				State of Marylan		tificate of		Mental Hy	Reg. No.	09829
	Physici /Medio		Decedent's Neme (First, Middle, Last) William Alex SPADE					2. Dete of De Month	h 9 19	3. Time of Deeth 8:28 P.M.
	Examir Funeral Director		4e. Facility Neme (If not institution, give str Williamsport Nursi: 5. Social Security Number 6. Sex 214-09-6533		lest birthdey) Yrs.	if Under 1 Year Months Deys		nsport	Wash	of Deeth nington 9. Birthplace (State or Foreign Country) Pennsylvania
	D		Usuel Residence of Decedent 10e. Stete 10b. County		y, Town or Loc	ation		march	3 1910	10d. inside City Limits
	or 28a-f st	Director	Maryland Washingt		Hagerst	10f. Zip Code			10g. Citizen of V	1 ☐ Yes 2 ☒ No Whet Country?
020	be filed within 72 hours after death with the Maryland stal Hydione. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	Route 4 Spade Roa 11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	d . Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes:	If		1740 Hispanic Origin? (Sean, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	U.S. 14. Recentled Specify	e - American indien, ck, White, etc.
Maryland 21215-0020	c	Completed	15. Decedent's Educa (Specify only highest grade of Elementery/Secondery (0-12)	tion	(Give k lite. D	ent's Usuel Occupind of work done O NOT use retire	petion during most of wo d)	rking		usiness/Industry
yland ?	2 should be filed withli and Mental Hygiene. Is merked other than aumatic event, the M	To Be C	17. Fether's Neme (First, Middle, Last) Alexander Kamil Sp.	ade	,,,			me (First, Middle a I. Tru	, Meiden Sumem	
nore, Mar	ges 1 and tof Health If Item 27 or other tr		Rodney E. Spade – 20a. Method of Disposition 1 Disposition 3 Rer	Son 20b. Proposed from Stete	42868 lece of Disposi ametery, creme	Hart C ition (Name of atory or other ple	,	rdtown,	Maryland 20c. Location -	1 20650 City or Town, Stete
Baitimore,	permit. Pa Departmen Important: eny Injury		4 Donation 5 Other (Specify) 21. Signature of Funerel Service Licensee	Unnuel	22.	Name end Addre		linnich	Funeral	Home Md. 21740
	Physician /Medical Examiner	-	23a. Part1. Enter the disease, or complice shock, or heart fellure. List only one Immediate Cause (Finel disease or condition resulting in death)	ASPIRATIO Due to (or	N F	NEMMO		c or respiratory e	errest,	Approximate Interval Between Onset and Death
x 68760,	that the death certificate be executed ed by the ettending physician and detached for use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	ADVANCED	as a consequ	VILE	DEMEN	ΤΙΑ		YEARS
P.0	requires that the death co	by Physician/M	Pert ii. Other significant conditions contri	buting to death but not resu	ilting in the unc	derlying cause giv	ven in Pert I.		tobacco use cor Yes 2 No	ntribute to the cause of death? 3 Probably 4 Unknown
Rec	2 s 2	Completed b						perfe	en autopsy ormed?	24b. Ware autopsy findings available prior to completion of cause of death?
of Vita	Physician: this certificanal director,	To Be	27. Manner of Deeth 1 Netural 5 Pending	spitel: 1 Inpatient 2 Inpatien	ER/Outpatient 28b. Time of Injury	28c. Inju	her: 40%Nursing H	eth (Check only		er (Specify)
Divisi	To the Hospital or Attending within 24 hours effect death. To the Funeral Director: After completely filled in by the funeral properties.	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Plece of injury - At ho building, etc. (Specify	me, ferm, stree			28f. Location (City or To	Street and Numb wn, State)	er or Rural Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir. completely filled in	Medical	(Check only 2 Medical Examiner one)	lan: To the best of my known: On the basis of examinetiend menner steted.	vledge, deeth o ion end/or inve	stigetion, in my o	opinion, deeth occu	e, and due to the urred et the time,	dete end pleca, a	and dua to the cause(s)
)	To To	Σ	29b. Signeture and title of certifier	nD_		29c. Licens			MAPCH	d (Month, Day, Year)
	Sta	te	30. Name and address of person who com TED E. HOWE 31. Date filed (Month, Pay, Year), 1998	7542 OVE 32. Registrer 9 Signat	RLOOK	DE.	Boows 13	6020, 1	s an	1713



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Donald Elmer SHANK 3:54 Mare 4e. Fecility Neme (If not institution, give street end number) 4c. County of Death 4b. City. Town, or Location of Deeth 11 W. Baltimore St. 1103 Hagerstown Washington If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) April 23,1930 5. Sociel Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) Deys 100 M 2□ F Yrs 722-05-3280 67 Maryland Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21740 USA 11 W. Baltimore St. 1103 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 图 No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: white 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) maintenance school 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Grace Houser Benjamin K. Shank 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Donald L. Shank - son 19701 Old Forge Rd., Hagerstown, Md. 21742 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 3-11-98 4 ☐ Donetion 5 ☐ Other (Specify) Rest Haven Cemetery Hagerstown, Maryland 21. Signature of Eugeral Service Licensee 22. Name end Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediete Cause (Final yourles disease or condition resulting in deeth) una Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes an eutopsy 1 ☐ Yes 25 No 1 ☐ Yes 2 ☐ No OF Man come referred to madical 26. Plece of Deeth (Ch. Other: 4 Nursing Home 5 Thesidence 6 Other (Specify)

Physician /Medical Examiner

ate hes been signed by the attending physician end page 2 should be deteched for use as the burial-transit

this certificate

After

death.

To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi

funeral

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Completed

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Certification:

Medical

P.O. Box 68760,

Records.

Division of Vital Attending Physician: **Physician**

/Medical

Examiner

10e. Stete

Directo

Funeral

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Completed

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Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer or Department of Health end Mental Hygiene. Important: if item 27 is merked other than "natural", or item any injury or other traumetic event. In Mentical Experiments

Baltimore, Maryland 21215-0020

death with the Marylend

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Physician/Medical

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

eck	only	one)	

28d. Describe how injury occurred

25.	examiner?	
	1 Yes 2 No	
27.	Manner of Death	

5 Pending investigation

6 Could not be

28a. Dete of Injury (Month, Day Year)

28b. Time of

1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

281. Location (Street and Number or Rurel Route Number, City or Town, Stete)

29a. Cartifier (Check only onel

1 Naturel

2 Accident 3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner steted.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of serson who is sath (Item 23a) (Type, Print)

lova

Megiatrica Stonawith Candalla

Md

State Registrar

a well in the sail

State of Maryland / Department of Health and Mental Hygiene

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				Otato	or ividiyid					Death		Reg. No.	8 (19831
	Physic	ian	1. Decedent's Neme (First, Middle,								2. Dete of De Month	Dey	Year	3. Time of Death
	_/Medi		Robert Winton 4a. Fecility Neme (If not institution,							4b. City, Town, or I	March and Doot	08	1998	10:50 Am
	Exami	ner	Washington Coun							Hagerst				
-	Funcial			Sex	7. Age (In yrs	last birthd	av) h	f Under 1	Year	If Under 24 Hrs.	8 Dete of Bir	th	-	blece (State or Foreign
	Funeral Director		220-18-2011 Usuel Residence of Decedent	1□XM 2□ F	ATTAL ATTE		Yrs. Months Dey		Deys	Hours Min.	Feb. 1	71925	Ma	ry land
	thin 72 hours after death with the Meryland an "naturel", or items 23s or 28s-1 show Mexical Examiner must be notined at	Funeral Director	10e. Stete 10b. County Maryland Washi 10e. Street end Number 16612 Coney C†	•		ity, Town o	Wil	liam 10f. Zip C	179	95		10g. Citizen of	What Cour	
020	ours after de ral', or item	by	11. Maritei Stetus 1 ☐ Never Married 2 【X Married 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	2)(No	J,S.	,S. 13. Wes Decedent If Yes, specify (Y	t of Hispenic Origin? (Specify Yes of Cuben, Mexican, Puerto Rican, etc.) No Specify:		- 14. Ra Ble Specif	ce - Americ ck, White, y: Wh	
21215-0020	d within piene. r than	Completed	15. Decedent's (Specify only highest of Elamentary/Secondary (0-12)	Education rrade completed) Collaga (1-4or 5+)			t's Usuel (d of work NOT use '/Ope		ation during most of wor f)	king	16b. Kind of B		vices
Maryland	2 should be filed vand Mental Hygie is marked other is aumatic event, it	To Be C	17. Fether's Name (First, Middle, La Harry William	st) Sprankl	е					18. Mother's Nen	3		ne)	
dî.	permit. Pages 1 and 2 should Department of Health and Mer Important: if feen 27 is marke any injury or other traumatic once.		19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State Dorothy J. Sprankle/Wife 16612 Coney Ct. Williamsport, MD 2179 20a. Method of Disposition 1 Removel from Stete 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City										1795 - City or To	own, Steta Mary Land
	Physician		232 Part Empothe disease, or co shock, or haart feilure. List on	mplicetions thet of your one course on e	caused the dee each line.	th. Do not	enter th	he mode o	of dyln	g, such es cardiac	or respiretory e	rrest,	IISPOT	Approximete Intervel Between Onset end Death
	/Medical Examiner	9.	Due to (or es e consequence					nnce of):						6 months
c 68760,	rifficete be executed ing physician and as the buriel-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	b		or es e con								
s, P.O. Box	that the death cer ned by the attendir s detached for use	by Physician/M	Pert II. Other significant conditions	contributing to de	eath but not re-	suiting in th	a unda	rlying caus	se giv	en In Pert i.		-		o the cause of death?
Records	e faw requires has been sign ge 2 should be	Completed b										en eutopsy med?	ev	ere autopsy findings elieble prior to mpletion of cause daeth?
H	The ate h	Con									101	as 2 No	10	☐Yes 2☐ No
Vital	Physician: The this certificate rai director, pa	Be	25. Wes case referred to medical exeminer?	Hospital					Cut-	26. Place of Dee	th (Check only o	ne)		
of	Physic this c	2	1 Yes 2₽No	1		ER/Outpa			Oth	4 LI Nuising IT	ome 5 Resid			y)
ion	oding P. Ith. Tafter ti	atlon:	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigat		of Injury th, Day Year)	28b. Time Injur	У	28c	Injun Worl	y et k? Yes 2 □ No	28d. Dascribe I	now Injury occur	rred	

SPRANKLE, Robert Winton

To the Hospital or Attending P within 24 hours after death.

To the Funeral Director: After I completely filled in by the funer

29a. Certifier (Check only one) 29b. Signeture end title of certifier

2 Accident

3 Suicida

4 Homicide

Medical Certificatio

State Registrar

1 Certifying Physician: To the bast of my knowledge, daeth occurred et the time, dete end place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, daeth occurred et the time, data and piece, and due to the cause(s) end manner stated.

29c. License number 041667 29d. Date eigned (Month, Day, Year) 3.8.98

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name end addrass of person who complated causa of daath (Itam 23a) (Type, Print)

6 Could not be determined

11110 Medical Compus Ad Svite 130 Hagerstown, Mo J. McCornack Michael

31. Data filed (Month, Day, Yaar) MAR 09 1998

32. Registrer's Signetura

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **JAMES** MASON SLAUGHTER 1998 9:00 am MAR. 17 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 303 ELM AVENUE EASTON TALBOT If Under 1 Year 5. Social Security Number ff Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign
Country) 180 M 2□ F Months Days Hours Yrs. 218-01-0881 78 SEPT.10,1919 MARYLAND Usuai Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yes 2 □ No TALBOT EASTON 10g. Citizen of What Country? 10e. Sfreet end Number 10f, Zip Code 303 ELM AVENUE 21601 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 20 Married 1 TXes 2 □ No if Yes, Give Year or Dates: 1□ Yes 2√ No Specify Specify: WHITE 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade com 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) College (1-4or 5+) STATE OF MARYLAND Elementary/Secondery (0-12) 11 5+ APPRAISER HIGHWAY DEPT. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) **JAMES** G. SLAUGHTER **EVA** CALLAHAN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOAN E. SLAUGHTER/ WIFE 303 ELM AVE., EASTON, MD 21601 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stale 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Removal from State CHESAPEAKE CREMATION CTR. 3-21 4 ☐ Donetion 5 ☐ Other (Specify) CHESTER, MD 21619 us of Funeral Service Commen 22. Name end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last metastatic to liver Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) 1□ Yes > No Other: 4 \(\text{Nursing Home} \) 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) 27. Menner of Deeth 28b Time of 28c. Injury at Work? 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dev Year) 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dele end place, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) 29a. Certifier and manner stated. 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

JR., M.D., 508 IDLEWILD AVENUE, EASTON, MD 21601

Lulia Davidson

Box 68760. P.O. Division of Vital Records. Hospital or Attending Physician: **Physician**

/Medicai

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7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at

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Pagas 1 and 2 should be finant of Health and Mental Fint: If item 27 is marked of

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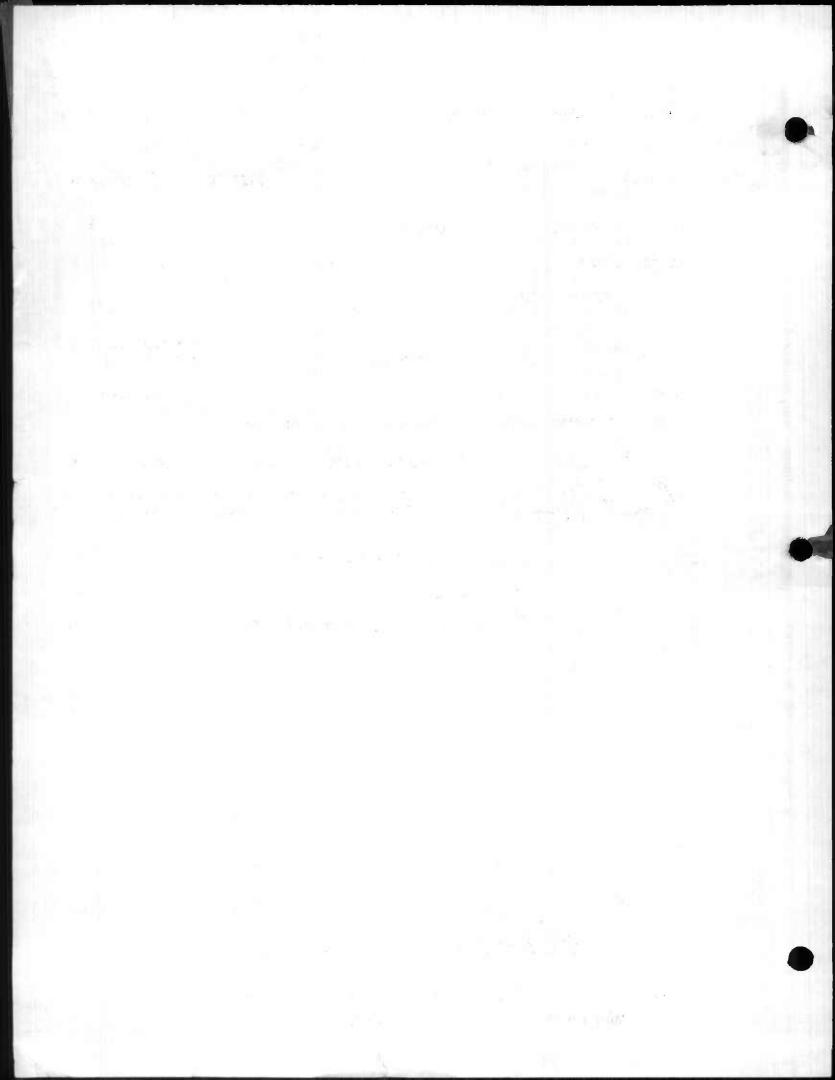
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31. Dete filed (Month, Dev. Year)

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

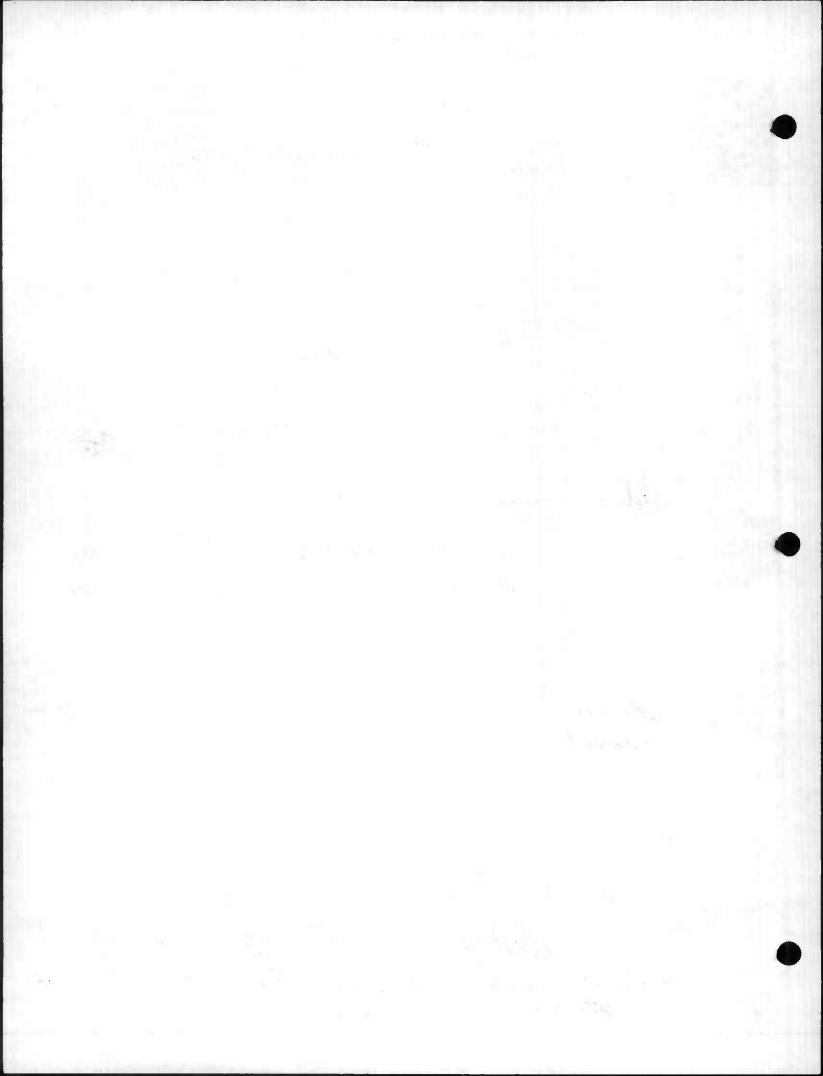
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Daeth **Physician** Month 1998 ETHEL Schukle March 17 12:58PM /Medical 4e. Fecliity Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Easton
If Undar 24 Hrs.
Hours Min. Genesis ElderCare -The Pines Talbot 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) If Undar 1 Year 5. Social Sacurity Number **Funeral** Months Days 1□M 2XF Director 218-48-5503 MD Usual Rasidanca of Decedent the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show munt be notified at MD. Caroline Director Federalsburg 1 Xas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 6 Items 23s 402 West Central Ave 21632 USA death Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ②☐ No If Yas, Give Year or Datas: Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Raca - American Indien, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumetic event, the Medical Examinations. 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ (No Specify: Specify: White þ 3\□\Widowed 4 □ Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coliaga (1-4or 5+) 11 Nurse/Home maker Nurse 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Cvrus Lord Hattie Hubbert 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Denton, MD. Ann Reinhold/Daughter P.O.Box 27 21629 20b. Place of Disposition (Name of cametary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Hillcrest Cemetery 3/21/98 Federalsburg, MD. d Funarai Servica Licensaa 22. Nama and Addrass of Facility Williamson Funeral Home, Federal sburg, MD. 23e. Pert1. Entar tha disease, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onset and Deeth **Physician** /Medical Immedieta Cause (Finel disease or condition rasulting in death) Examiner Examiner 10213 iclan and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, laading to immadiate causa. Entar Underlying Causa (Disaase or injury that initiated avants rasulting in deeth) Last Dua to (or as a consequence of) P.O. Box 68760, attanding physiclan Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown nemia 1 Yes 2 No signed I Records, þ Dementia Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy parformed? completion of causa of daath? page 2 hes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: '24 hours after death. Funeral Director: After this certifica staly filled in by the funeral director; g Be 25. Was casa refarred to medical axaminar? 26. Pleca of Death (Check only one) Hospital: Othar: Mursing Home 5 Residence 8 Othar (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Death 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Naturei 5 Panding invastigation 1 Yas 2 No 2 ☐ Accident 3 ☐ Suicide 6 Could not be 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 I Homicida To the Hospital within 24 hours a To the Funeral C completaly filled edicai test certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the causa(s) end manner as stated.

2☐ Medical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the causa(s) end manner stated. 29a, Certifiar 29b. Signetura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year)

State Registrar 30. Name end addrass of person who completed cause of death (item 23g) (Typa, Print)

32. Registrari Signature

ROWLEY



BALTIMORE, MARYLAND 21215-0020

al-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bun	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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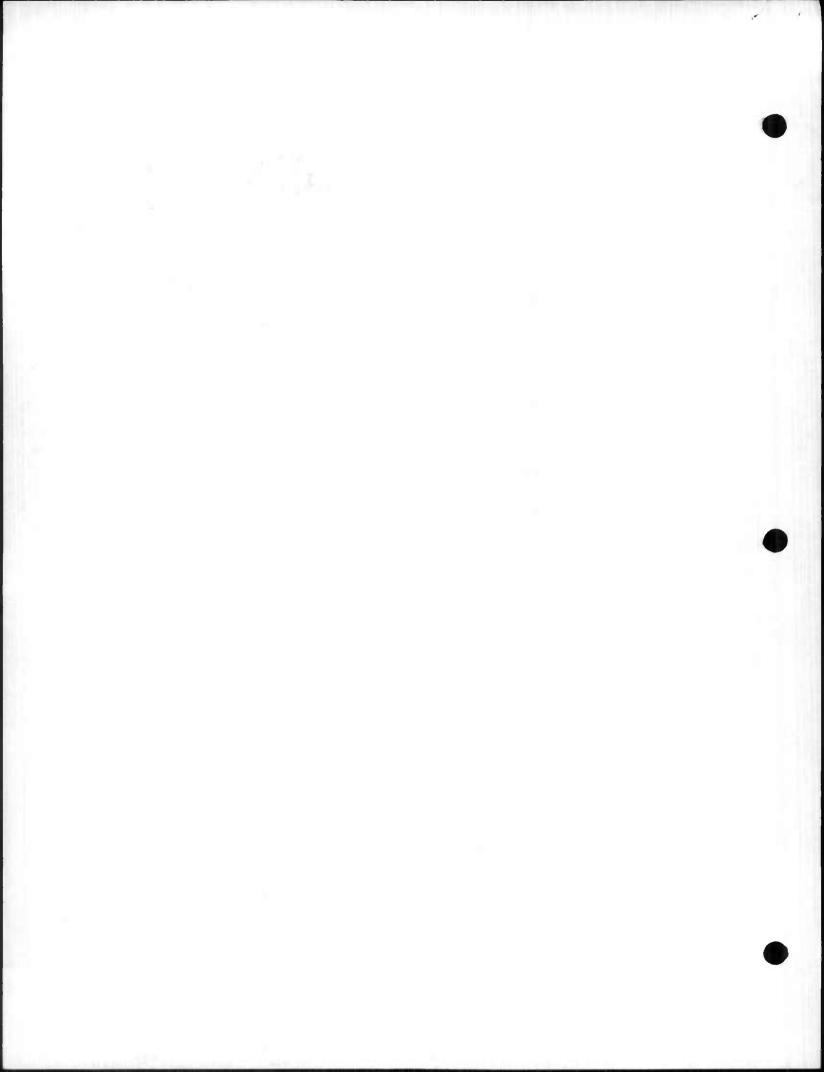
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Pauletta March 17 1998 Tryman 9:55 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH 1912 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 216 22 1772 85 DAYS HOURS 1 M 2 TF YRS. Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 208 North Jonathan Street DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 208 North Jonathan Street 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 ☐ Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade tary/Secondary (0-12) College (1-4 or 5 +) Domestic Household 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melder Surneme) Hopewell-Madeline Georgia James Tryman Sr. Snively BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code, 3217 Woodlark Dr. Ft. Worth Ms. Pauletta J. Minor Texas 76123 20a. METHOD OF DISPOSITION
1X Burlal 2 Cremetion 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cemetery 3/21/98 Hagerstown Maryland netery, cremetory or other place) Rose Hill 22. NAME AND ADDRESS OF FACILITY Watsons Funeral 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home 24 WBethel St. Hagerstown, MD. 21740 1 Dmas 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) NOTEIN ALONIE mes THE TO (OR AS A CONSEQUENCE OF) WILSTINAR PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY TBLUSISE 1 TYES 2 19-NO MYELLINA 1 YES 2 NO UTOVANY HITERY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 -NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ca 29c. LICENSE NUMBER BE HUSICIA AUNCLY 706 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Wie Davidson-Randall

1 8



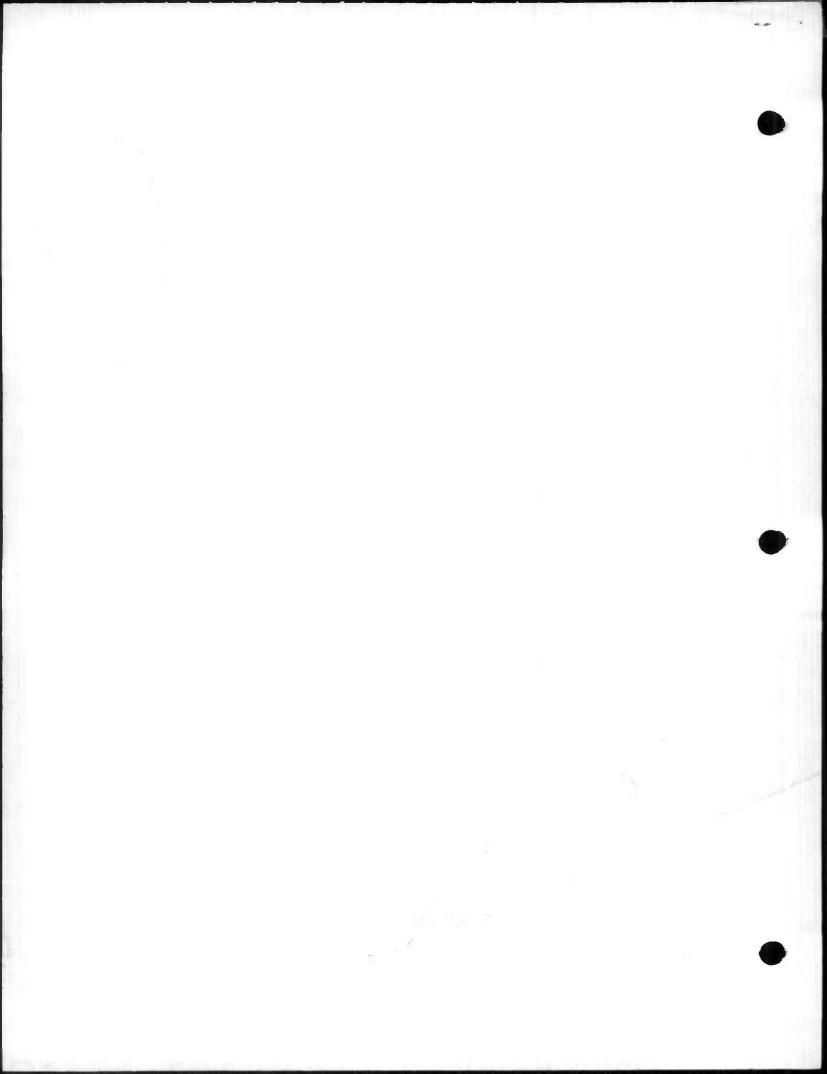
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	17											NEG. NO	· .		
	- 8	1. DECEDENT'S NAME (First		AnnFra	ances	Anr	n Th	umma	ì		1	MONTH DEATH	WY)	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUME	Ces	5. SEX	6. AGE (In)	1 m				T"		3/1	110	γ_{γ}	
	W	219-12-2344		1 □ M 2 🂢 F		77	YRS.	IF UNDER	DAYS	HOURS I	MRS. 7	Month, Day, Year)	1921	Countr	PLACE (State or Foreign y) aryland
	. 4	9a. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY	, TOWN	OR LOCATION				NTY OF D	-
	R I	13223 Fairf	ax Roa	ıd						Hager					ington
	DIRECTOR	RESIDENCE OF DEC												1100021	21190011
	뿔	Marriand	10b. COUNTY	•			10c. CITY	, TOWN	OR LOCA						10d. INSIDE CITY LIMITS?
		Maryland 100. STREET AND NUMBER		Washingto	on					Hage	rsto	wn			1 - YES 2 NO
	FUNERAL	13223 Fairf	our Doo	.a					10	f. ZIP CODE	4740		10g. CIT		VHAT COUNTRY?
	빌	13223 FALLI	ax Roa					-			1742				SA
		1 Never Married 2 🔀	Merried	12. WAS DECEDENT FORCES? 1	YES :	2 📉 NO	ED	- 1 - 5	If yes, sp	ecify Cuban, I	Mexican, I	ORIGIN? (Specify Yer Puerto Rican, etc.)	s or No—	14. RACE Black	— American Indian, c, White, etc.
	ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATE	:8			1 TYES	2 X NO	Specify:			Speci	White
	ED		EDENT'S EDU		16	Sa. DECE	DENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BU	SINESS/INC	DUSTRY	
	COMPLET	Elementary/Secondary (0		College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)									
ಹ	MP	12		2			Se	cret	ary			District	t Att	orne	y's Office
000	8	17. FATHER'S NAME (First, M.					18. MOTHER'S NAME (First, Middle, Melden Surname)								
a a	BE	Fred W. Cruickshanks Mildred Mabel St. John													
offfe	0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)													
be notified at once.		Carol A. Stouffer, Daughter 13846 Marsh Pike, Hagerstown, Maryland 21742											21742		
net		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cagnetery, cremptopy of pulse) 20c. LOCATION — City or Town, State													
10		TX Buriet 2 Cremation 3 Removal from State 4 Donation 5 Dother (Specify) ROSE HILL CEMETERY Mar. 16 Hagerstown, Maryland 21. BIGNATURE OF PUREMAL REPVICE DEEDEE 22. NAME AND ADDRESS OF FACILITY													
amime		► 1/000.	1/ 1	7/1011	Aba)					ry Funera	al Ho	me	
wal.		Laure	le	, Man	790			133	1 Ea	stern	Blv	d. N. Ha	gers	town	, MD 21742
or removal. medical examiner must		23. PART I. Enter the of shock, or he IMMEDIATE CAUSE (Fin	att launte.	confplications that List only one caus	coused the	ne deet h line.	h. Do n	ot enter	the mo	de of dying	, such a	a cardiec or reap	Iratory an	rest,	Approximata Interval Between
cremation.		immediate Cause (Final disease or condition resulting in death) a. (erebro vascular Orsease 3 year)													
rem,		resulting in death)		DUE TO (OR AS A CO	ONSEGUI	ENCE OF	JG3):	CVIC	~	113	calc			3 years
burial,	z														j
2 E	CATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
e prior	2	CAUSE (Disease or Injury													
Hygiene or other	RTIF	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
	CER			d											_
th and Mental any Injury, o	- 11	PART II. Other algnifica	nt condition	a contributing to	deeth but i	not rea	ulting is	the un	derlyln	g cause give	en in Par	rt I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
any In	EDICAL											PERFOR	-		MAILABLE PRIOR TO COMPLETION OF CAUSE
Hea M	Ä											- 10 123 2	(SANO		OF DEATH? 1 YES 2 NO
o 5	ä	DID TOBACCO U	SE CONTR	RIBUTE TO CAL	JSE OF [DEATH	H YE	5 🗆 1	NO [UNCER	TAIN				
State Dept.	CIAN	25. WAS CASE REFERRED TO EXAMINER?					OF DEAT	I (Check	only one)						
or Ne	SICI	1 TYES 2 NO		HOSPITAL:	ER/Outpatle	int 3 🗆		OTHER 4 \(\text{\text{Num}} \)		o 5 ⊟ Reside	ence 6 [Other (Specify)			
e 9	PHY	27. MANNER OF DEATH		28e. DATE OF I (Month, Da		2	66. TIME	OF	28c. INJ	URY AT	28	d. DESCRIBE HOW I	NJURY OCC	CURED	
death with	BY		Pending nvestigation					М		ES 2 N	0				
00 00	60		Could not be	28a. PLACE OF building, a	INJURY — itc. (Specify)	At home	, farm, st	reet, fact	ory, office		28	of. LOCATION (Street of City or Town, Stete)	and Number	or Rural A	oute Number,
m 28 I			letarmined												
72 hours	립	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of n	ny knowledg	je, death	occurre	at the 1	ime, data	end place, an	d due to t	the cause(a) and mar	ner ee stat	ed.	
E H	COMP	one) 2 MEDH	CAL EXAMINE	R: On the basis of exe	emination en	nd/or Invi	etigation	, In my o	pinion, d	eath occured	at the time	e, date and place, an	d due to th	e cause(e)	and menner ea stated.
P E	w II	29b. SIGNATURE AND TITLE	OF CERTIFIER					-		29c. LICENS	E NUMBE	R	29d. DATI	E SIGNED	(Mprith, Day, Year)
be filed within 7	0 8	Muchael 1. Melanack MD. 12/16/67 > 3/12/98													
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
		Michael	Mc	Cormo	ruk	. W	10	111	110	Med	ical	Camp	us Ro	dr	fagershown,
		31. DATE FILED (Month, Day,)	3 1998	32. REGISTRAR	Savids	7									
- 1	- 1	WWW T	ט וטטט	Juna	raudas	101V-V	unde	المالات							



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	*,			Ce	ertificate of			Reg. No.	8 09836		
Physic	cian	1, Decedent's Neme (First, Middle, La					2. Dete of Dee Month	Dey	3. Time of Death		
/Med		Robert Joyce TAL 4e. Facility Name (If not institution, given				4b. City, Town, or I	MARCH OCCUPATION OF PROSTRE	4c. County	998 1856		
Exam	iner	Washington Count					stown		ashington		
Funera Directo		5. Sociel Security Number 6. S 220–26–0710 Usuel Residence of Decedent	Sex 7. Age	67 Yrs.	Months Days		8. Dete of Birth (Month, De) Oct 25	, Year) ,1930	Birthplece (State or Forei Country) Maryland		
dend we		10a. State 10b. County		10c. City, Town or L	ocation				10d. Inside City Limi		
Man,	to	Maryland Washing	ton	На	gerstown				1₺ Yes 2□N		
th with the	rai Director	10e. Street end Number 38 N. Potomac St	reet		10f. Zip Code	1740		10g. Citizen of Whet Country? USA			
72 hours after death with the Marylend 72 hours after death with the Marylend natural', or items 23a or 28a-f show ural Examiner must be notified at	by Funeral	11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	12. Was Decedent E Armed Forces? 1 XYes 2 □ N If Yes, Give Year or Detes: 1	lo	Wes Decedent of If Yes, specify Cub		pecify Yes or No- Picen, etc.)	No- 14. Race - American Indien, Bleck, White, etc. Specify: white			
S 9	Completed	15. Decedent's Ed (Specify only highest gra Elementery/Secondary (0-12)	ducation	16a. Dece (Giv	adent's Usuel Occuj e kind of work done DO NOT use retire	during most of wor	king		siness/industry		
		12	1	ph	otographe				us businesses		
S la b	To Be	17. Fether's Neme (First, Middle, Last, Robert J. Talber				18. Mother's Nam Martha	Smith	Meiden Sumem	Θ)		
d 2 should the and Mer. 7 la market traumatic		19e. informent's Neme/Relationship (N. Potom						
CENL		Martha Talbert -m 20e. Method of Disposition	other	20b. Place of Disp	osition (Neme of	1	Dete		City or Town, Stete		
00		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			own Crema	·	-9-98 H		wn, Maryland		
permit. Pages 1 er Depertment of Hee Important: If item; any injury or other once.		21. Signeture of Funeral Service Licer	nsee M	//	22. Name end Addre	M	INNICH I		HOME Md. 21740		
_		art1. Enter the disease, or com shock, or heert feilure. List only	plications that caused	-							
Physician /Medical Examiner		Immediate Cause (Finat disease or condition resulting In death)	· P	nounc					Onset end Deeth Week		
		resulting in deality		Due to (or es e conse		+ /	(
cuted	Examiner	Sequentially list conditions,	b. Chreni	Due to (or es e conse		pulmo	havy 1	9/40ar	e years		
icate be executed physician end s the buriel-transit		Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury						1			
ificate be executed g physician end es the buriel-transit	edicai	thet initieted events resulting in deeth) Lest		Due to (or es e conse	quence of):						
			d								
death cert he attendin ed for use	Physician/N	Pert II. Other significant conditions o	ontributing to death bu	t not resulting in the	underlying cause giv	ven In Pert I.	23b. Did to	obacco use cor	ntributs to the cause of deat		
requires that the death cent ween signed by the attendin hould be detached for use							134	88 2□ No	3 Probably 4 Unkno		
ne law requires the law requires the law seen signed as been signed as should be considered.	d by						24e. Wes	an autoney	24b. Were autopsy findings		
law require las been si	Completed							med?	evailable prior to completion of ceuse of deeth?		
sicien: The law certificate has irector, page 2	mo;						1 U Y	es 2 DNo	1 ☐ Yes 2 ☐ No		
	Be	25. Wes case referred to medical exeminer?				26. Plece of Dee	th (Check only or	ne)			
5 00	70	1 ☐ Yes 2 ☐ NO	Hospitel: 1 Inpatier		ALL DON		ome 5 Resid				
D 0 0	tlon	27. Menner of Deeth 1 ☐Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injun (Month, Dey	Year) 28b. Time (Wo	ryet rk? Yes 2 □ No	28d. Describe h	ow injury occurr	ed		
al or Attending s after death. if Director: After ad in by the fune	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined		ry - At home, ferm, si (Specify)			28f. Location (S City or Tow	itreet and Numb n, Stete)	er or Rurel Route Number,		
Hospit 24 hour Funera	edical C	29e. Certifier 1 ☐ Certifying Ph (Check only one)	yelclen: To the best of end menner state	examinetion end/or ir	th occurred et the tin evestigation, in my c	me, dete end plece, opinion, deeth occur	end due to the cred et the time, c	ause(s) end me lete end place, e	nner es stated. and due to the ceuse(s)		
To the within To the	Me	29b. Signeture and title of certifier	one memor stat		29c, Licens	se number	2	29d. Dete signed	i (Month, Dey, Year)		
) gru.			D21	457		3/8/	78		
		30. Neme end eddress of person who		eth (Item 23e) (Type	, Print)		1/.	-	IN. MD 2174		
		ABOUL WATE	ed mo -	12-821	-OAKH	I'll AVE	. HAGE	RSTon	IN. MD 2174		
St	ate	31. Dete filed (Month, Day, Year)	1998 - 4	rs Signature.	- Randall						

NAME: TALBERT,ROBERT JOYCE WAHEED,ABDUL



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DOS: 02/06/98

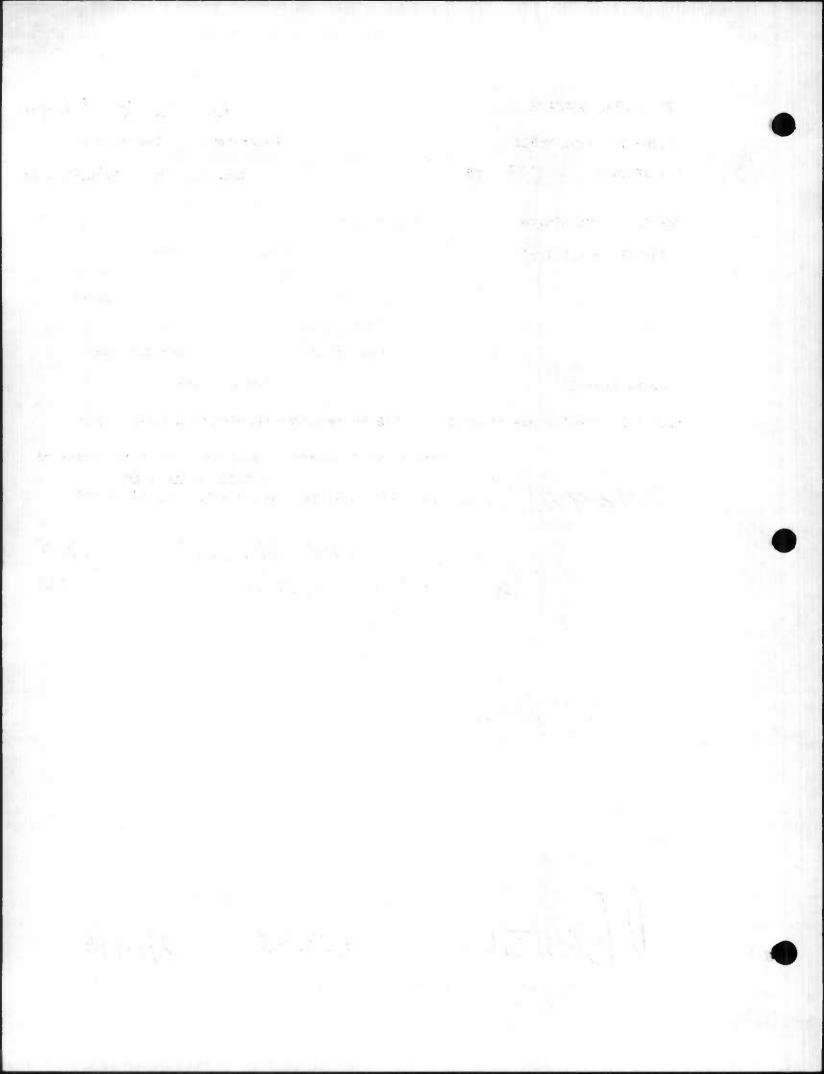
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				J. 1410	aryland / Dep <i>Ce</i>	rtificate			TICL IV	Re	g. No.) U	9831
Physic	ian	1. Decedent's Name (First, Middle,	· ·							2. Dete of Death	Pex	Year	3. Time of Death
/Med		Violet May WHER									14	48	1.00 pm
Exami	ner	4a. Facility Neme (If not Institution,	THE PARTY OF	umber)			(ocation of Deeth	4c. County		
		11906 Pheasant 5. Social Security Number	Trall S. Sex	7 An	e (In yrs. last birthdey	If Under 1	Year	If Under 2		rstown		hing	
Funeral Director		171–18–0191	1 M 2 M 2 M F	89			Days	Hours	Min.	8. Dete of Birth (Month, Day, Jan. 28,			olece (Stete or Foreign ntry) nnsylvania
P &	1	Usuel Residence of Decedent 10e. Stete 10b. County			10c. City, Town or L	nonting							102 1(10). 11
e Maryla	ctor	264.061	ington			erstow	n.						10d. Inside City Limits 1 ☐ Yes 2 No
다 다 다 다 다 다 다 다	Director	10e. Street and Number				10f. Zip C	ode			10	g. Citizen of	What Cou	ntry?
eth w	la la	11906 Pheasant						217			USA		
d within 72 hours efter deeth with the Maryland jiene. I then "neturer", or fleme 23a or 28a-f show the Modical Examiner must be notified at	by Funeral	11. Marital Stetus 1 □ Never Merried 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	12. Wes De Armed F d 1 ☐ Yes If Yes, G Yeer or	orces? 2 X N Sive	lo	Wes Deceder If Yes, specification 1 ☐ Yes 2 ☐	y Cube	ispanic Origi n, Mexican, Specify:	in? (Spe Puerto	ecify Yes or No- Rican, etc.)		ck, White,	can Indien, etc. hite
in 72 hours n "natural",	Completed	15. Decedent's (Specify only highest	grade completed		(Give	dent's Usuel kind of work DO NOT use	done (during most	of worki	ing	6b. Kind of B	usiness/in	dustry
d within piene. r than "	E O	Elementery/Secondery (0-12) 12	College	(1-4or 5 0	+)	homema	ake	r			her ow	m ho	me
tel Hyg d othe	To Be C	17. Fether's Name (First, Middle, La John W. Carroll	ast)					18. Mother		e (First, Middle, M		пө)	
C1 W W W		19e. Informant's Neme/Reletionshi	p (Type, Print)		19b. Melli	ng Address (Street	en <i>d Number</i>	or Rura	al Route Number,	Clfy or Town	Stete, Zij	Code)
CHNL		Violet M. Wheele	er-prear	rang	_		-	nt Tra	il,	Hagerst			
Peges 1 and ment of Hee		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe		n Stete	20b. Place of Disponent Commetery, cre Rest Ha	metory or oth	er pled	-	3-		Oc. Location		own, State Maryland
permit. Peges Department of Important: If it any Injury or o		21. Signeture of Funeral Service Li	censee //	200		2. Neme end			LILL	NICH FUI			.740
Physician		23a. Pert1. Enter the disease, or or shock, or heart fellure. List or	omplicetions that nly one ceuse on	caused eech lin	the deeth. Do not en	ter the mode	of dyin	g, such as c	ardiec c	or respiratory arre	st,		Approximete Interval Between Onset and Deeth
/Medical Examiner	0	Immediate Cause (Final disease or condition resulting in deeth)	o Q	NE	gestivi	EHE	A	25	17)	1/NSE			4 FARS
bet nsit	Examiner		. b. P	160	Die to (or as a conse	O (52	7/14	ta				YEARS
cete be executed physician and s the buriel-transit	al Exar	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	c		Due to (or es a conse	quence of):							V
certificete nding physi use as the	Medical	that initieted events resulting in death) Last	■ d.	(Due to (or as e consec	quenca of):							
the st	Physician/M	Pert II. Other significant conditions	contributing to	death bu	it not resulting in the i	inderlying cau	ise div	en in Pert I.		23b. Did tot	DACCO UBA CO	ntribute t	o the cause of death?
es that the de igned by the a be deteched to	by Phy	4	opor	-						1□ Ye	8 2BNo	3 □ Pro	bebly 4 Unknown
s been s 2 should	Completed		,							24e. Wes an	autopsy ed?	81	ere autopay findings reliable prior to empletion of cause death?
The ate h	Con									1 □ Ye	s 200 No	11	□Yes 2□No
Physicien: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?					1		of Death	Check only one)	-	
S 00 0	2	1 Yes 2 TATO		Inpetie			-	4 LI Nun	-	me 5 Resider			(y)
Attending Ph or death. ector: After th by the funeral	tion	27. Manner of Death 1 Naturel 5 Pending 2 Accident investige		of Injur nth, Dey		M 280	: Injun Worl	yet k? Yes 2 □ N		28d. Describe hor	w injury occur	red	
7 2 2 2	Certification:	2 Subject 6 Could not be							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	edical C	29a. Certifier 1 Certifying 2 Medical Ex	aminer: On the I	e best of	f my knowledge, deat examinetion and/or in ted.	h occurred at vestigation, in	the tim	ne, date and pinion, deeth	place, e	end due to the ca ed et the time, da	use(s) and ma te and piece,	anner as s end due t	stated. o the cause(a)
To the within To the compl	Me	30. Name and address of person with PR WOOSTER,				29c. I	icense	204	3	29	d. Dete signe	d (Month,	Dey, Year)
		30. Name and address of person with	no completed cau	ise of de	eth (Item 23a) (Type.	Print)					11	11	
		PR WOOSTER.	11110	med	lica Ca	mpies	R	a. Ha	ger	stown	ma :	2178	40

Registrar DHMH 16 Ray 6/95

State



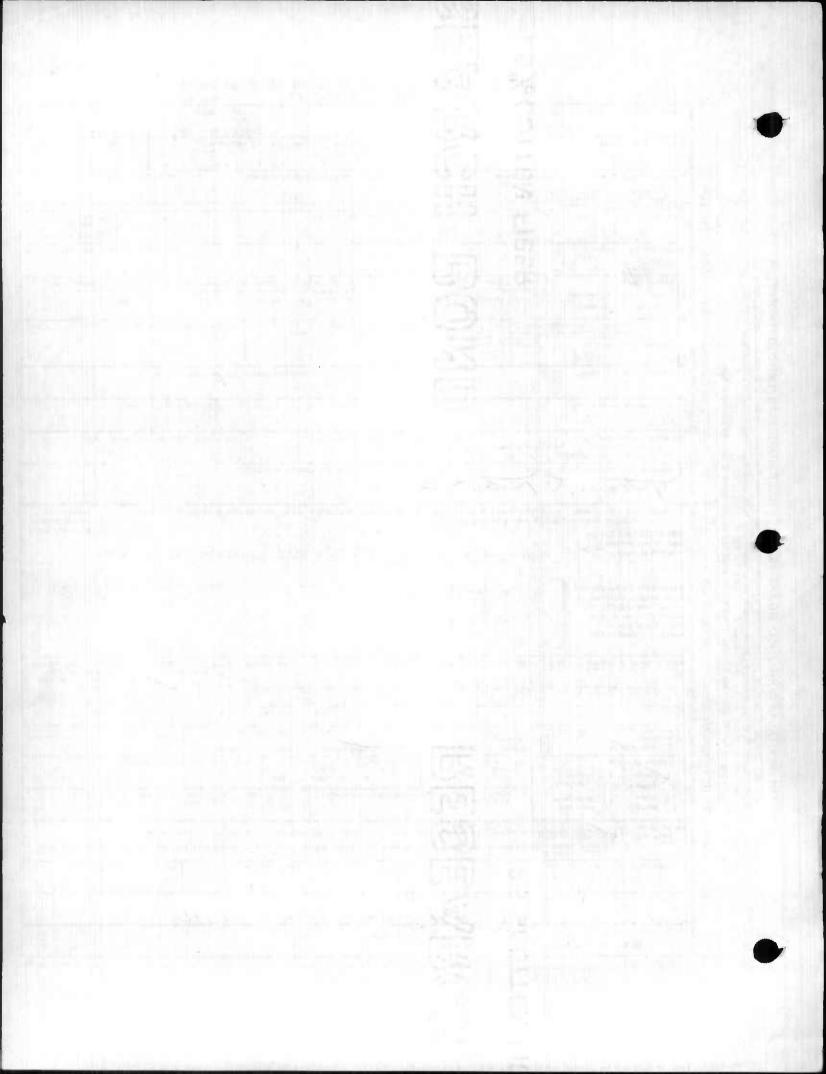
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	R 1. DECEDENT'S NAME (First, Middle, La										
DIRECTOR	ANDIA MODELLE IN COOK									YEAR	3. TIME OF OEATH
	ANNA MY 4. SOCIAL SECURITY NUMBER	STLE W	VASSON	form to be about a local						4:40 A	
			6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C (Month,	Day, Year)		Country	
	214-09-9539	1 🗆 M 2 💢 F	89	YRS.				31,190	18	Mari	<i>land</i>
	9a. FACILITY NAME (If not institution, gi			OR LOCATION OF D			9c. COUNT	TY OF D	EATH		
	COFFMAN NURSI		На	gerstown	l		Was	shir	igton		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	MTY		100 CITY	TOWN OR LOCA	TION					10d. INSIDE CITY
E			1000 0111,							LIMITS?	
	10e, STREET AND NUMBER	ashington			Smith	S DWLQ		1 💢 YES 2 [
RA	5 N. Main St				21783		10g. CITIZEN OF WHAT COUNT				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	ADMEO	10 400 00		NIO ODIONE	U.S.A. N7 (Specify Yee or No. 14. RACE — American Indi				
	1 Never Married 2 Married	FORCES?	YES 2		If yes, s	CENDENT OF NISPA pocity Cuban, Maxic	an, Puerto Ri	can, etc.)	OF NO-	Black	, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE		1 U YE	B 2 NO Speci	lty:			Specif	v: White	
60	16. OECEDENT'S EQUICATION 166. OECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INQUISTRY										
ET	(Specify only highest gi	ade completed) College (1-4 or 5		(Give kind of wo	ork done during m retired.)	ost of working					
PL	12	College (1-4 of 5	7	Nurse	Aid			Hoan	ital		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N.	AME (First, M			_	
O H	Martin Thomas	Eckstine				Mary D					
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	AODRESS (Street	and Number or Rural		or, City or Town.	, State. Zio C	Code)	
5	Alice Eckstine	(Sister-iv				t. Smith				,	
	20a, METHOD OF DISPOSITION				F DISPOSITION //		DATE		ATION - CI	lly or To	ern. Stata
	1 Burial 2 Cremation 3 R	emovel from State				ery Mar					
	2. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		00 010100 0	ND 1000000 00 -	A COM STORE	_			
	Wenns P	1	v	>	Davis	Funeral	Hamo	12525	Brac	lbur	y Ave.
	23. PART I. Enter the disesses,				-			SIIVAIL	suu tu	4 - 14166	. 21783
	disease or condition resulting in death)	END SHOULE TO	165 500 OR AS A CONS	VERE (ObstR	cetice 1	Pulmo	NALY	Longhy	150	Onset and
ION	resulting in death) Sequentially list conditions,	ь	O (OR AS A CONS	EOUENCE OF)		cetive !	Pulmo	NALY	Longhy	y 545)	Onset and
CATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	ь	OH AS A CONS	EOUENCE OF)		ux tive	Pulma	NAKY	Emply	y <u>49</u>	Onset and
IFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate	b. DUE TO	OH AS A CONS	SEQUENCE OF)	:	ux tive	Pulmo	NALY	(mphy	y 547	Onset and
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	O (OR AS A CONS	SEQUENCE OF)	:	ce tice	Pulmo	NAKY	Employ	y <u>47</u>	Onset and
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	SEQUENCE OF)	:						77.0
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d	O (OR AS A CONS	SEQUENCE OF)	:			24e. WAS AN A PERFORM	WTOPSY		WERE AUTOPSY FIN
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	SEQUENCE OF)	:		Part I.	24a. WAS AN A	AUTOPSY MED?		WERE AUTOPSY FIN
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time f the Month **Physician** EDWARD GEORGE ZEHR 1998 P:15 AM March /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Months Deys Hours Min. (Month, Dey, Year) 5. Sociel Security Numbar 7. Age (In yrs. last birthdey) Birthpieca (State or Foreign Country) **Funeral** 1₽M 2□F Yes Director 081-03-8408 April 20,1906 New York Usuel Residanca of Decedent 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 ☐ Yas 2 € No Directo Maryland Washington Hagerstown 10e. Street and Number 10f. Zin Code 10g, Citizen of Whet Country? ä 13433 Windsor Drive Items 23a 21742 USA Funeral 14. Raca - American Indian, 12. Wes Dacedant Evar in U,S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11 Maritel Status Armed Forces? 1 ☐ Yas 2 ঐ No If Yes, Give Yaar or Detes: Black, Whita, atc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 'natural', or 1□ Yes 2 No Specify: White þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Hygiere. ther then Elamentary/Secondary (0-12) College (1-4or 5+) 12 Foreign Credit Manager Sulphur Company 17. Father's Name (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Sumame) and Mental marked Edward Albert Zehr Anna Regina Beck 19a. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) ē Department of Health a Important: If Item 27 is any Injury or other tra Patricia Zehr David, Daughter 13011 Woodburn Drive, Hagerstown, Maryland 21742 20b. Placa of Disposition (Neme of cemetery, crametory or other placa) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata Pages 1X Buriei 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Greenlawn Memorial Park Mar. 17 Williamsport, Maryland 21. Signeture of Funaral Sarvice Licenses Douglas A. Fiery Funeral Home 23a. Part. Enter the disease, of complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, whock, or heart/ailure. List only one cause on each lina. 1331 Eastern Blvd. N., Hagerstown, Maryland 21742 Approximete Intarval Batwean Onsat and Deeth Physician /Medical tmmadiata Causa (Final diseese or condition resulting in deeth) · PNemoNia 9441 Examiner Dua to (or es e consequance of): Physician/Medical Examiner certificate be executed Sequentielly list conditions, if eny, leeding to immadiele cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest physician ar Box 68760. Dua to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. P.O. ed by the a Myllodysplasia, 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by Division of Vital Records, 24b. Wara autopsy findings aveilable prior to complation of causa of deeth? 24e. Wes en eutopsy performed? Directionla disease the Colon. 1□ Yes 2□No 1 ☐ Yes 2 ☐ No el or Attanding Physician: T s after death. Il Director: After this certificat ed in by the funeral director, p 25. Wes case rafarrad to medical axaminar? Be 26. Placa of Death (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 28e. Date of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturel 5 Panding invastigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homlcida e Hospital or 24 hours after Eureral Di 1 Certifying Physicien: To the best of my knowledge, deeth occurred at tha time, data and place, and dua to tha causa(s) and menner as stated. 29a, Certifier To the Hosp within 24 ho To the Fune completely fi Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29b. Signeture and titia of certifier

State Registrar

COUNTY MASHING TON 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture MAK 16 1998

30. Nama and eddrass of person who comptated causa of daath (Itam 23a) (Type, Print)

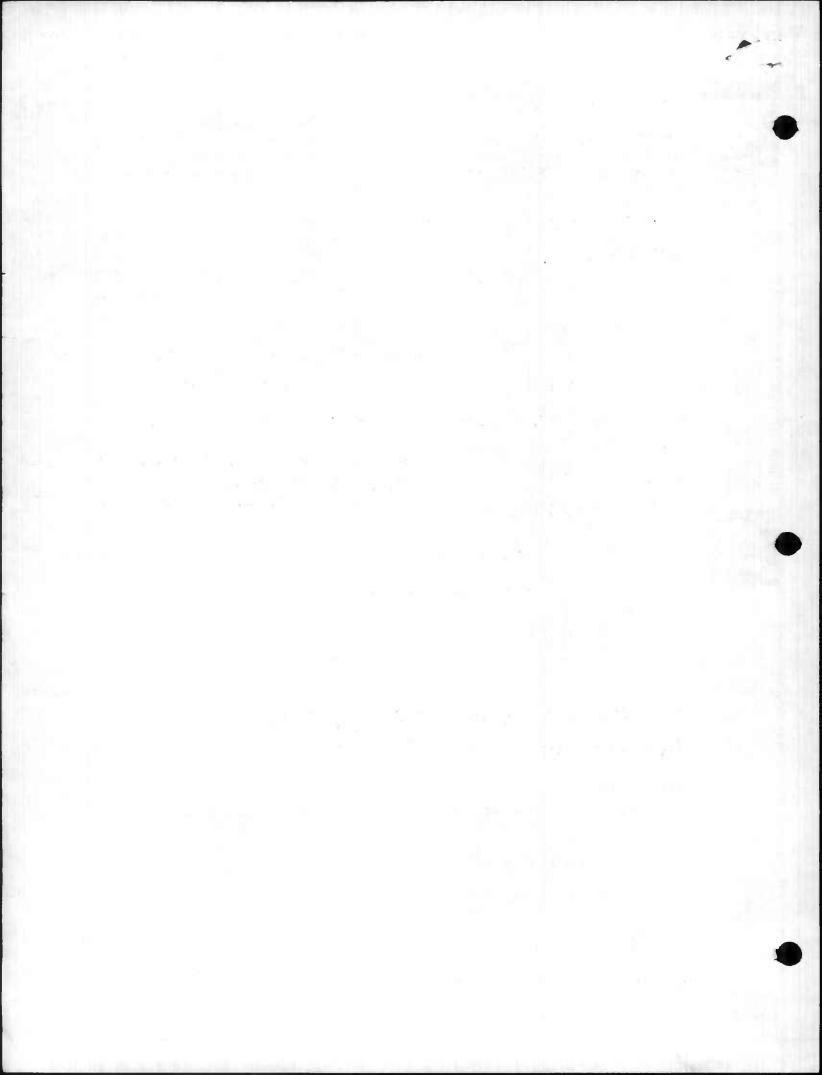
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Zehr. Edward



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 26 199 8 1937 ELIZABETH M. ARMSTRUNG MARCH 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street end number) 4c. County of Death INVERSITY OF MINEYLAND MEDICAL SYSTEM BY AGE (In vis. lest birthdey) If Under 1 Year Trumonc S. Hours Min. 8. Date of Birth (Month, Day, Year) BALTIMONE (Birthplece (State or Foreign Country) 5. Sociel Security Number Months Deys 1□ M 35-F 218-32-4123 91 Oct. 15, 1906 Md Usuel Residence of Decedent 10c. City, Town or Location 10d. inside City Limits 10e. Stete 10b. County Balto. Randallstown 1 ☐ Yes 2 ☑ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4103 Paran Road 21133 USA 14. Reca - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status Biack, White, etc. 1 Yes No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes No Specify: Specify: Black 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Baltimore City Elementery/Secondery (0-12) College (1-4or 5+) Public Schools 12th Grade Housekeeping 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) George Forrest Mary Bennett 19e. Informent's Name/Reletionship (Type, Print) daughter 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Delrio E. Armstrong 4103 Paran Road Randallstown, Md. 21133 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition t Buriel 2 □ Cremetion 3 □ Removei from Stete 4 □ Donetion 5 □ Other (Specify) Balto. National Cemetery March 31 Baltimore, Md. 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 21. Signature of Funerel Service Common 2501 Gwynns Falls PKWY Baltimore, Md. 21216 the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, 23a. Pert1. Enter the disease, or complications that shock, or heart failure. List only one cause on Immediate Ceuse (Finel disease or condition resulting In death) SEPSIS 24 Hors Due to (or es e consequenca of): Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequenca of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes No 3 Probably 4 Unknown SACRIL DECUBINS ULCER 24e. Wes en eutopsy SALMONEZLA INFECTION performed?

Physician /Medical Examiner

Box 68760,

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Hospital 24 hours a Funeral D

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Itam 27 is marked other than "natural", or Itama 23s or 25s-1 show other traumatic event, tra Modical Examiner must be notified as

12 should be filed within 72 h and Mental Hygiene.

permit. Pages 1 and 2 st Department of Health and Important: If item 27 is n any injury or other traun

72 hours efter deeth

Examiner Pull Physician/Medical ed by the a signed by t by page 2 should Completed

1 Impatient 2 ER/Outpetient 3 DOA

28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28b. Time of

24b. Were eutopsy findings eveilable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

28d. Describe how injury occurred 28c. Injury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Cortifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) end menner stated. 29a. Certifier (Check only one) 29b. Signature and title of cettific

5 Pending

investigation

6 Could not be determined

Hospitel:

28e. Dete of Injury (Month, Dey Year)

29c. License number

29d. Date signed (Month, Day, Yeer) March 26, 1998

30. Name and address of purpos me completed cause of deeth (Item 230) (Type, Print) University of Maryland Hospital
Denice Hodgson, M 22 South Greene Street, Baltimore, Maryland 21201

Registrar

31. Date filed (Month, Dey, Year)

25. Wes case referred to medical exeminer?

1 Yes 20 No

27. Manner of Deeth

1 Neturei 2 Accident

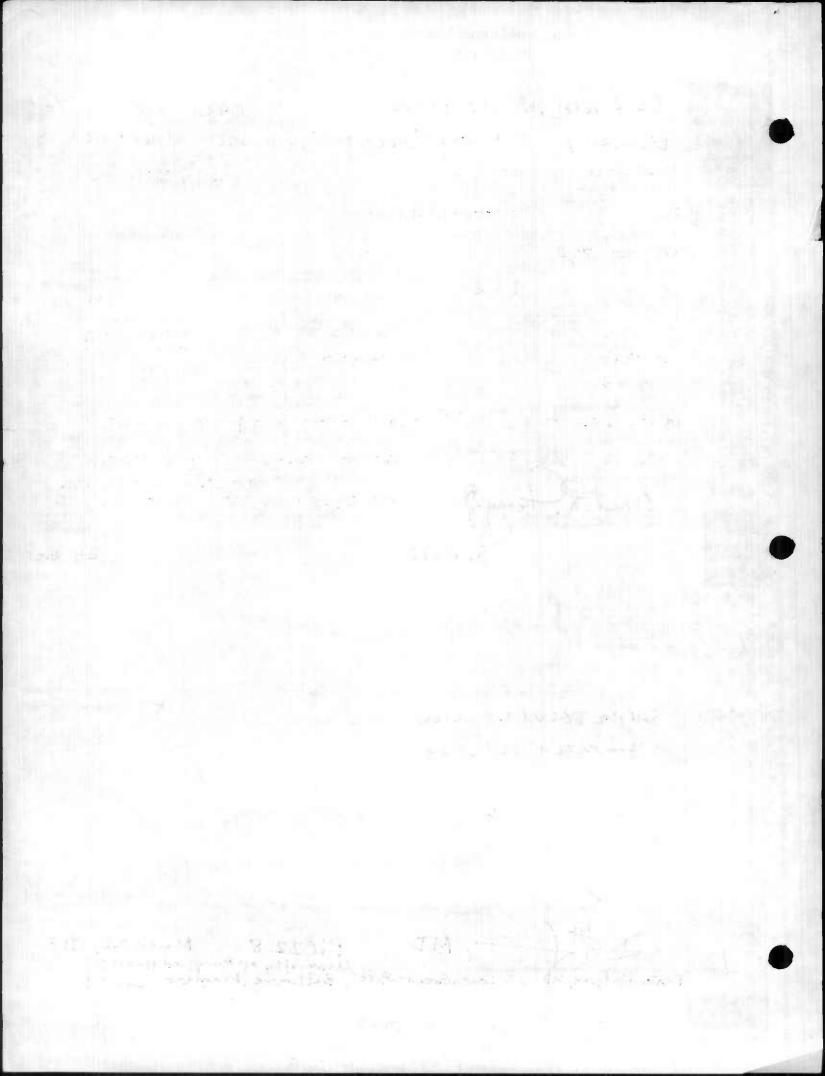
3 ☐ Sulcide

4 Homicide

MAR 3 1 1998

32. Registrar's Signature the Davidson Randole

DHMH 16 Rav 6/95



Division of Vital Records, P.O. Box 68760,

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State of Maryland / Department of Health and Mental Hygiene 98 09841 Certificate of Death

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erai eter	22	el Security Number $0-38-51$.85	Sex 1 XIM 2 □ F	7. Age (In yrs	s. last birthd	Months	1 Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of E (Month, L July	Sirth Year) 29 39	9. Birth	plece (State or ntry) inois
T Z	10a. St	ete 10b.	County			city, Town o								10d. Inside City
Director	Mar	yland	NA	A	Ва	ltim								1 Yes
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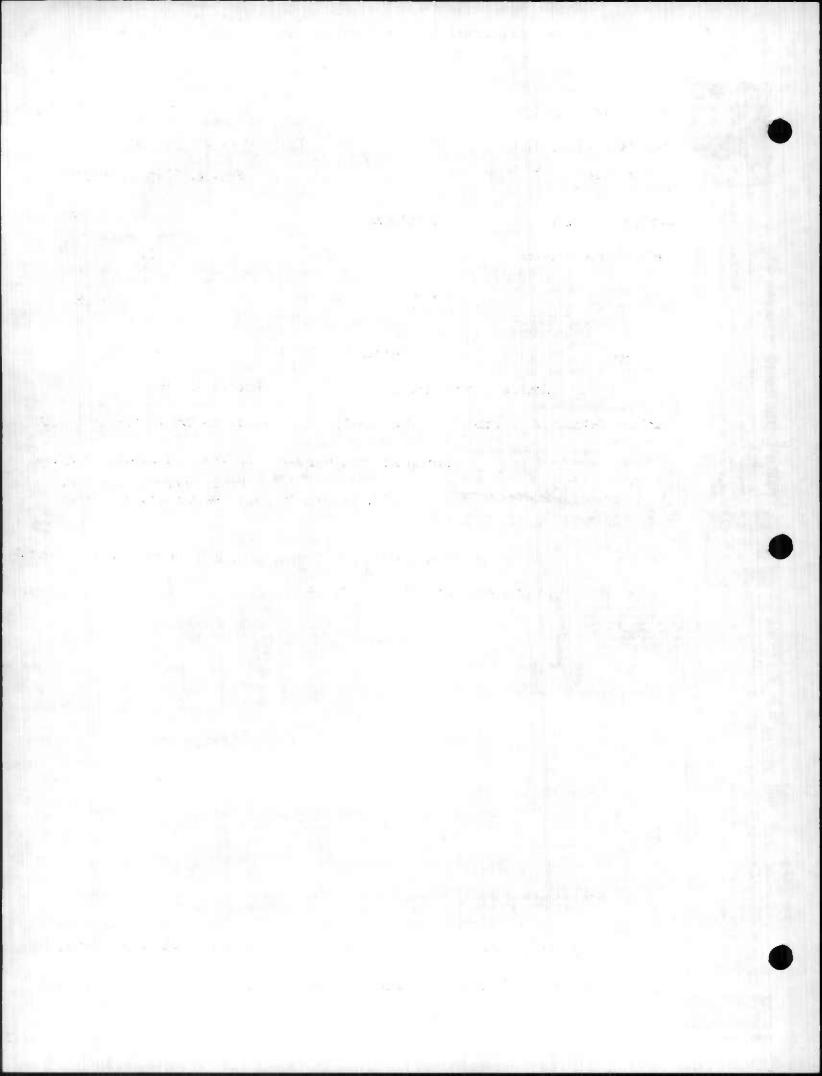
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death **Physician** 3:05 pm 1998 24 Kenneth Butler march /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore If Undar 24 Hrs. 8. Data of Hospital enter Harbor If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplace (Stata or Foreign Country) **Funeral** Months Days Hours Min. 1⊠M 2□ F Yrs. 64 215 30 0624 Director Feb. 6, 1934 Maryland Usual Rasidence of Decedent the Maryland 10a State 10h. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f ahow nothed at 1 X Yas 2 □ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 7 is marked other than "natural", or items 23s or traumstic event, the Medical Examiner must be 1629 Church Street 21226 U.S. Pages 1 and 2 should be filed within 72 hours after death neat of Heath and Mental Hygiene.
Int if item 27 is marked outber than "natural" or frame 23.
Ity or other traumatic event, the section Example I was Funerai 14. Race - American Indian. 12. Was Decedent Ever in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1X Yes 2□No Korean if Yes, Give Yaar or Dates: Conflict 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: p White 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Welder Concrete 12th 18. Mother's Name (First, Middle, Maidan Sumama) 17. Father's Name (First, Middle, Last) Hattie Higgins Robert Edward Butler 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Havre De Grace, Maryland 21078 Richard Butler brother 4140 U-Way 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or 3/27/98 Finksburg, Maryland Evergreen Mem. Gardens 21. Signature of Funeral Service Licensea 22. Name and Address of Facility Gonce Funeral Home P.A. Franciscoli ecome Baltimore, Md. 21225 4001 Ritchie Highway 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, mock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical . Small cell Lung Cancer with Liver Metastasis Examiner Examiner Pheumonia month Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): physician are the burial-t Box 68760 Physician/Medicai Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. of Vital Records, P.O. 1 Nos 2 No 3 Probably 4 Unknown k signed to 5 be det by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of death? 1 Yes 2 DNO 1 Yes 2 No 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Be Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Impatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division 1 DNaturel gulb 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, straat, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifier 29c. Licensa number Morch 24, 1998 AS 2441614-44 0 8 M.O. 30. Name and address of person who completed cause of daath (Item 23a) (Type, Print) BOOI SOUTH HANDVER STREET BASTIMORE, MM. 21225 ER EREM

State Registrar 31. Dete filed (Month, Day, Year) MAR 3.1 1998

32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Month Yaar Elva I. Ba11 12:48P.M. MARCH 1998 28 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth ST. AGNES HEALTHCARE BALTIMORE N/A If Undar 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax Birthplaca (Stata or Foraign Country) Days 1□M 2♥F 232 24 2422 Yrs 86 July 8, 1911 West Virginia Usuel Rasidance of Dacedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas 2 No Maryland **Baltimore Baltimore** 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2903 Bero Road 21227 II.S. 11, Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Yas 2 X No Specify: Specify: 3 Widowed 4 ☐ Divorced White 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Seamstress Clothing 6th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Nettie Newhouse Cleve Tacv 19a. informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Frances S. Piquett / daughter 1129 Dorsey Road Hanover, Maryland 21076 20b. Place of Disposition (Name of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 3/31/98 4 ☐ Donetion 5 ☐ Othar (Specify) Baltimore, Maryland Cedar Hill Cemetery 21. Signatura of Funeral Sarvice Licensaa 22. Nama and Addrass of Facility Gonce Funeral Home P.A. Corco 4001 Ritchie Highway Baltimore, Md. 23a. Part1. Entar tha disaasa, or complications that caused the daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximeta Intarval Between Onsat and Death Immediata Causa (Final REMAR FAILURE WEEK disaasa or condition rasulting in daath) / PANCYTOPENIA Sequantially list conditions, if any, leeding to immadiata causa. Enter Underlying Cause (Diseesa or injury that initiated events rasulting in death) Last HYPERTENSION Dua to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hhknown ANGINA. 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? complation of ceusa of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to madical axaminar? 26. Piaca of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Impatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannag of Death 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not ba

physician and the burial-tran Box 68760, been signed by the a should be detached f s certificate has l Division of Vital Attending Physician: this funeral Affer

Examiner Physician/Medical à Completed Be Medical Certification: To

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29a, Cartifier

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29b. Signature and title

Physician

/Medical

Examiner

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23.

ed other than "natural", or items 23s or 28s-f show event, me Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or leavy injury or other traumatic event manual pages.

Physician /Medicai

Examiner

State Registrar

mo 30. Nema and address of person who completed cause of deeth (itam 23e) (Type, Print)

29d. Data signed (Month, Day, Year) P11704. MARCH 28, 1998.

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

MAZEN GHANI, M.D. ST. AGNES HEARTHCAME, 900 CATON AVE, BARDMONG, MD, 21229. 31. Data filed (Month, Day, Year) 32. Registrar's Signature

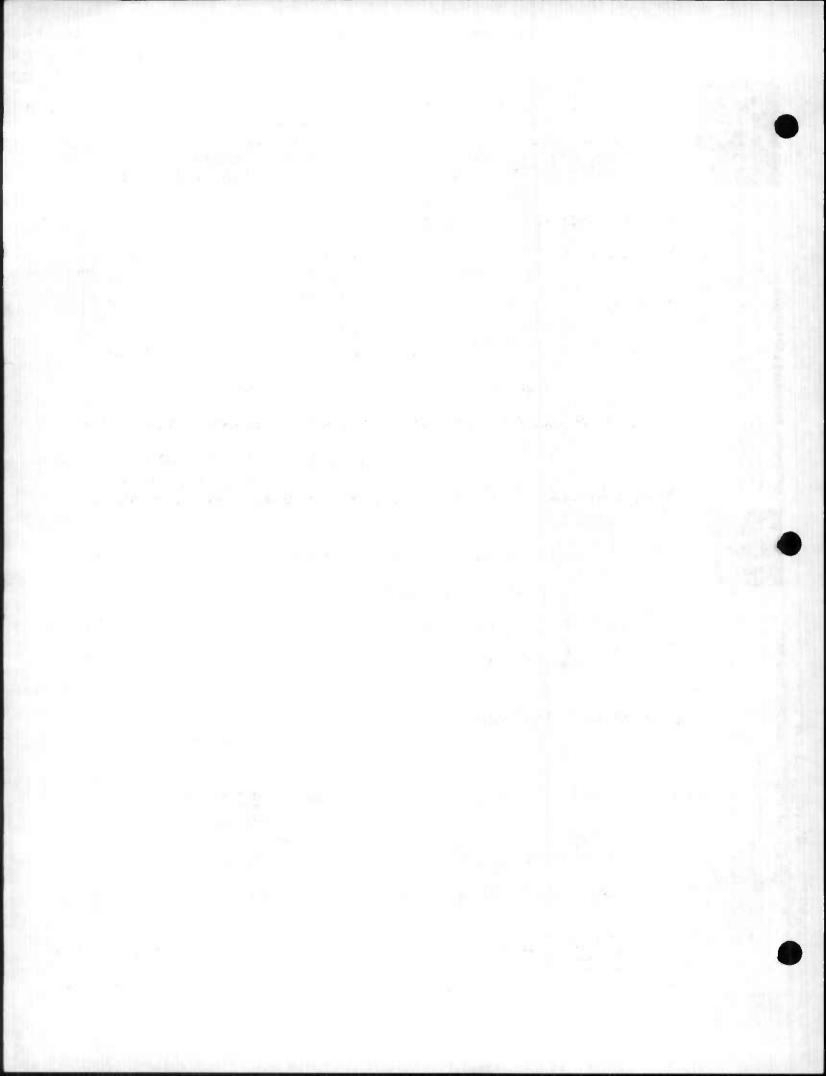
1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. License number

Julia Savidson-Randale

28a. Piaca of Injury - At homa, farm, straat, factory, offica building, etc. (Specify)



98-1456-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ΔM State of Maryland / Department of Health and Mental Hygiene CARRIE BATES 1. Decedent's Name (First, Middle, Last) **Physician** /Medical 4a Facility Neme (If not institution, give street end number) Examiner DEATON MEDICAL CENTER 5. Social Security Number **Funeral** 220-86-1670 Usuel Residence of Decedent 1 M 20 F Director the Maryland 10a State 10b. County r is marked other than "natural", or Items 23s or 28a-f show traumatic event, the Medical Examines must be notified at Director Maryland 10e. Street and Number with Funeral 0 11. Meritel Status Pages 1 and 2 should be filed within 72 hours after name of Health and Mental Hygiena. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married altimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 17. Father's Neme (First, Middle, Last) Be 19a. Informant's Name/Relationship (Type, Print) other t 20a. Method of Disposition Department of Important: If No. 1 ABurial 2 DCremation ò 3 DRemoval from State 4 □ Donation 5 □ Other (Specify) any injury 21. Signature of Funeral Service Licensee Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner

2. Date of Death 3. Time of Death MARCH 15, 1998 10:10 P 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE
If Under 24 Hrs. If Under 1 Year 8. Date of Birth Month, Day Years June 8, 76 Birthplace (State or Foreign 7. Age (In yrs, lest birthdey) 9 Months Deys Hours Yrs. 10c. City, Town or Location 10d. Inside City Limits TS Yes 2 No more 10f. Zip Code 10g. Citizen of What Country? 21 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 No Specify Hro-16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry 18. Mother's Name (First, Middle, Maiden Sumeme) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 10 20b. Placa of Disposition (Neme of Date 20c. Location - City or Town, Slate 22. Name and Address of Eacility Nor Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. interval Between Onset and Deeth OF NEW WITH COMPLICATIONS CUPSHOT WOUND Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Last Due to (or as a consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

Certificate of Death

Examiner

certificate has funeral diractor, death. 4 hours after death 24 hours a Medicai

by Completed Be

Physician/Medical ဥ Certification:

P.O. Box 68760 Division of Vital Records, or Attending Physician:

Hospital To the F within 2 2

State Registrar 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) MARY DRUM 31. Date filed (Month, Day, Year)

31

29b. Signature and title of cartifier

25. Was case referred to medical examiner?

5 Pending Investigation

6 Could not be determined

XXYes 2 No

27. Menner of Deeth

1 Natural

2 Accident

4 Homicide

(Check only one)

3 ☐ Şuicide

29e. Certifie

A. K DROW

28a. Date of Injury (Month, Dey Year)

5-08

32 Registrar's Signeture whice Devideor

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28b. Time of

UNK

28c. Injury at Work?

1 Yes

29c. License number

OCME

2 1 No

1 Yes 20 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed?

1 Yes 2 No 26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

SUBJECT WAS SHOT

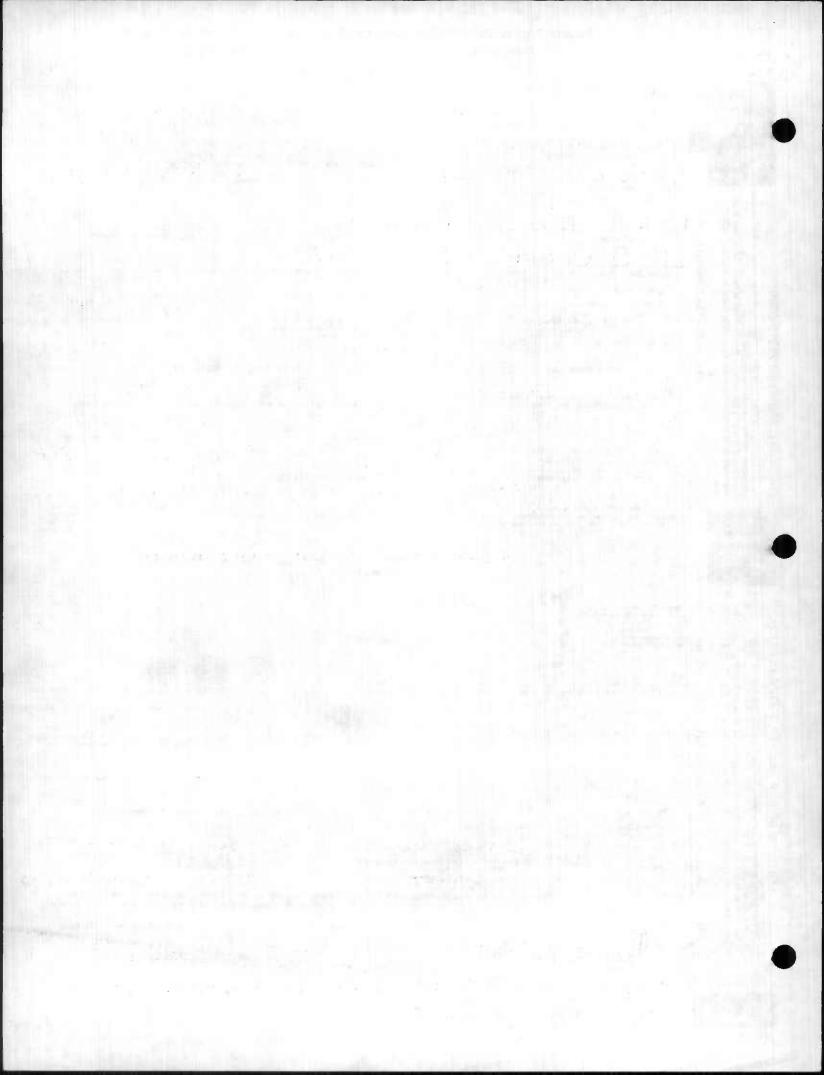
28f. Location (Street end Number or Rural Route Number, City or Town, State)

800 EUTSWST BOLDMONS CIDY HD 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29d. Date signed (Month, Dey, Year)

MARCH 16, 1998

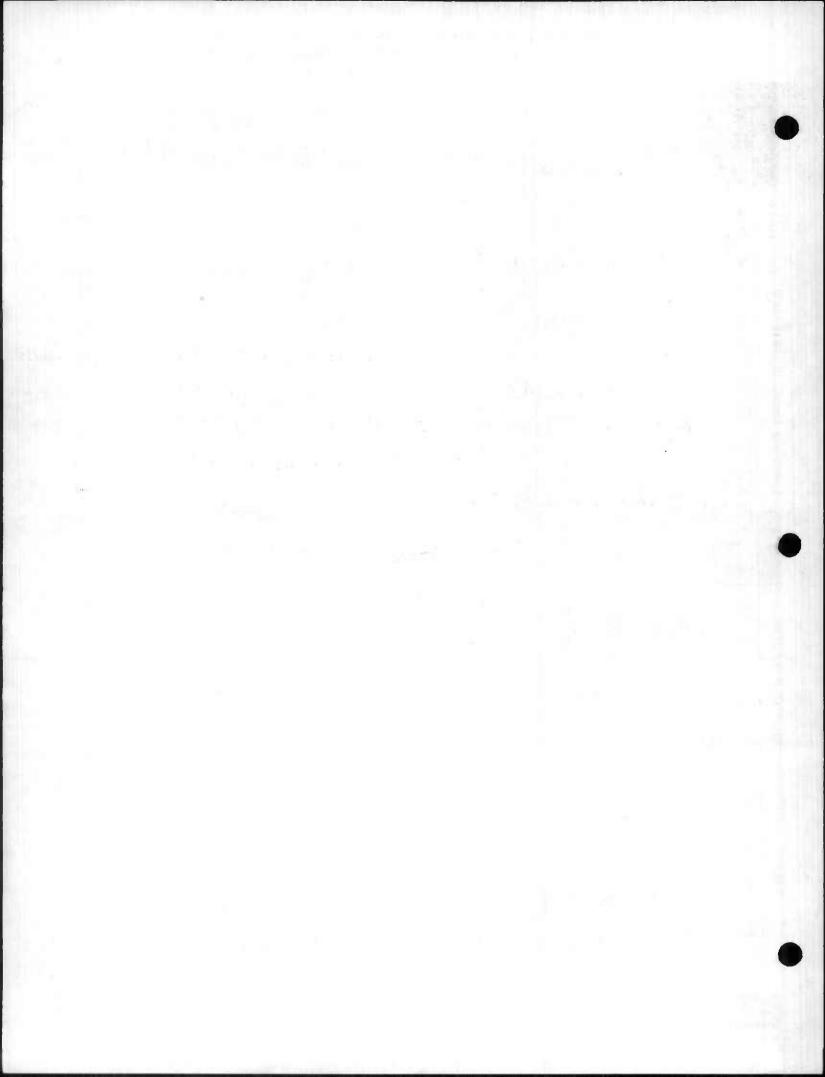
111 Penn Street, Baltimore, Maryland 21201



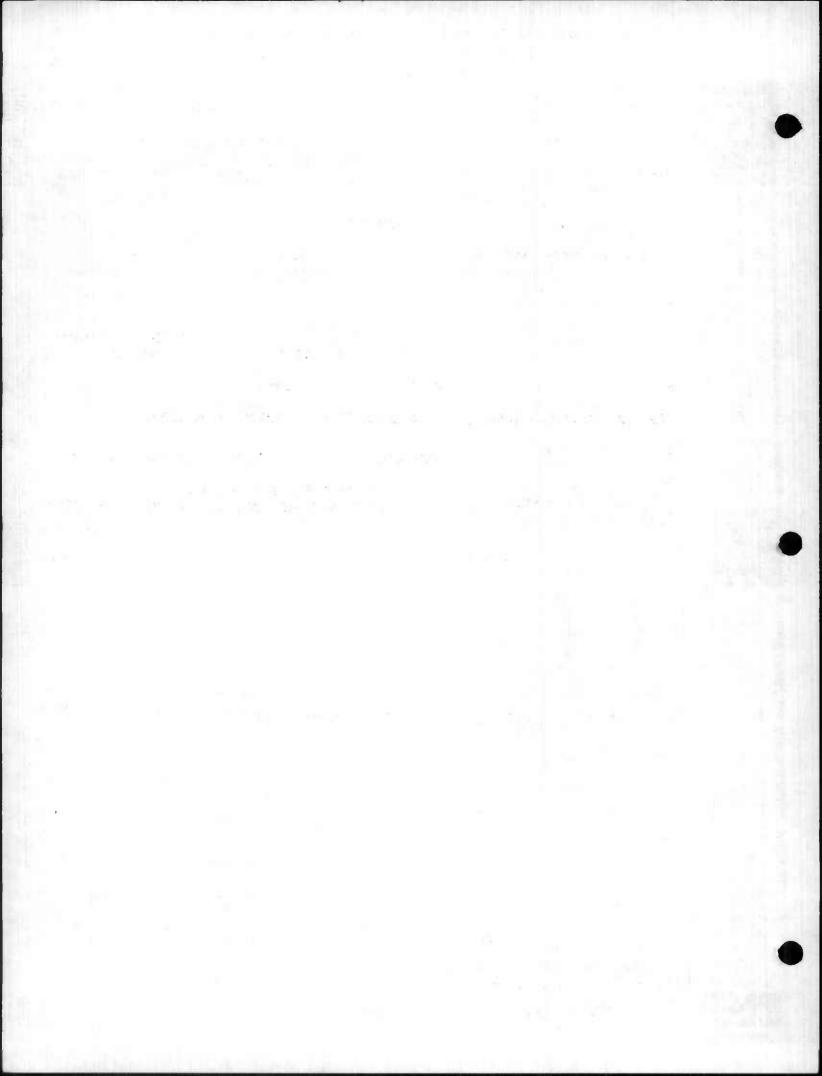
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 9 1 5 Certificate of Death Reg. No. 2. Data of Death 3. Time of De

			Certificate of Death	Reg. No.	
6 1		1. Decedant's Nama (First, Middla, Last)	D (1	2. Data of Death	3. Time of Death
Physi		Herbert	Drooks	Month Day	1998 8-30PM
/Med Exam		4a. Facility Nama (If not institution, giva street and number)	4b. City, Town, or L	1,7101	
EAUIT		IRVINGTON KNO!	Baltim	ORE L	10
Funera	al	5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last	birthday) If Undar 1 Yaar If Undar 24 Hrs.	8. Data of Birth	Birthplaca (State or Foreign Country)
Directo		215-10-0604 10×M 20F 90	Yrs. Months Days Hours Min.	(Month, Day, Year)	Country)
D		Usuai Rasidanca of Decedent			
the Meryland r 28a-f ahow	_	10a. Stata 10b. County 10c. City, T	own or Location		10d. insida City Limits
P Me	S	LMD NA B	Altimoee		1€Yas 2□No
# P P	Director	10e. Street and Number	10f. Zip Coda	10g. Citizan of V	
th w	<u> </u>	2206 DUKELAND STREET	+ 21216	U,S	o-A
5-0020 72 hours effer deeth with the Meryland natural", or frams 23a or 28a-f ahow seel Examiner must be notified at	Funeral	11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forcas?	13. Was Decedant of Hispanic Origin? (Sp. If Yas, specify Cuban, Maxican, Puarto	pecify Yas or No-	e - Amarican Indian, ck, Whita, atc.
or ha		1 Navar Married 2 Married 1 Yas 2 No	1 ☐ Yas 2 ☑ No Specify:	- Specify	DIA
ours FER	d by	3 Widowad 4 □ Divorcad Yaar or Datas:	The space opens.	Specify	Olare
21215-0020 d within 72 hours ef jiene. r than "natural", or	Completed	15. Dacedant's Education (Specify only highast grada complated)	 Decedant's Usual Occupation (Giva kind of work dona during most of work life. DO NOT usa retired) 	16b. Kind of Bu	usinass/Industry
within she.	ם	Elamentary/Secondary (0-12) College (1-4or 5+)			0 0
nd 2 e filed v other t		4+# GRADE NIA	FORKLIFT OPER	A OR NEUER o (First, Middle, Maiden Surnar	E COOPER - BASS
be fi	Be	17. Fathar's Nama (First, Middla, Last)	18. Mothars Nam	e (First, Middle, Malden Surnan	10)
should by Menta marked	10	Inomas Droots	VIRQIA	N311H AIC	
2000		V 11	19b. Melling Addrass (Straat and Number of Rui	1 -1 -0 -	
other tr		20a. Mathod of Disposition 20b. Place	28 WYNdmooe T	Apte BAIT	
		1 Burial 2 Crametion 3 Ramoval from State	atary, cramatory or other place)	1	City or Town, Stata
Baltimo		4 Donation 5 Other (Specify)	NATIONAL MET. PACK	1-2-98 LAUR.	El, MD
Baltin permit. Pe Depertment Important any Injury	i i	21. Signatura of Funarai Sarvica Licansaa	22. Nama and Addrass of Facility	1	21215
- 40 - 4 (1	Thannon Stikes	4300 11/01	bash Avenu	ie Balto, red
		Z3a. Part1. Entar tha disaasa, or complications that caused tha death. I shock, or haart failura. List only ona causa on each lina.	Do not entar the mode of dying, such as cardiac	or raspiratory arrast,	Approximata Intarvai Batween
Physician				_ 1	Onsat and Death
/Medica	_	immediata Causa (Final disaasa or condition Standard Causa (Final disaasa or condition	occus Hureaus	Scoticei	nig 7 wks
Examine		rasuling in daaln)	s a consaquanca of):		
D =	le le	- Prece	m en 19		2 117/5
68760, tificate be executed g physician and es the buriel-transit	Medical Examiner		a consequence of):		Zur
50, se ex	l i	Sequentially list conditions, if any, laading to immediate cause. Enter Undarfyling Ceusa (Disaasa or Injury	vtension		
x 68760, ertificate be execu- fing physician and	dica		a consequanca of):		
X 6 entification	Me				
Geeth c	an	<u> </u>		10.5	
. 8 0 0	Physician	Part ii. Other significant conditions contributing to death but not resulting	g in tha underlying causa givan in Part 1.	23b. Did tobacco use co	ntributa to the cause of death?
P.O. that the ed by the detechs	F			1 ☐ Yes 2 ☐ No	3 Probably 4 Unknown
Signe be o	by				•
Records, ne lew requires to the seen signed go 2 should be to the seen signed.	ig g			24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to
Rec e lew r hes by ge 2 st	ple				of death?
	Completed			1 Yas 2 No	1 □ Yas 2 No
f Vital I ysiclen: The sis certificate director, pag	Be (25. Wes casa rafarrad to madical axaminar?	26. Place of Deal	th (Check only ona)	,
- S 00	10	Hospital:	Outpatient 3□ DOA Other: 4₺ Nursing Ho	oma 5 Residence 8 Oth	ar (Specity)
on o ding Ph h. After th funeral		(Month Day Vocal	b. Tima of 28c. injury at Injury Work?	28d. Dascribe how Injury occurr	red
Vision Attending r death. ector: Atten	atle	2 Accident Invastigation	M 1 Yes 2 No		
Division Lor Attending Latter death. Director: After	Certification:	3 ☐ Suicida 6 ☐ Couid not be datarmined 28a. Placa of injury - At homa building, atc. (Spacify)	, farm, streat, factory, office	28f. Location (Street and Numb City or Town, Stata)	er or Rural Routa Number,
District of the log in	Ce	, and (c) and		,,	
To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical	29a. Cartifier (Check only Medical Examiner: On the basis of axamination	dga, daath occurred at tha tima, data and placa,	and dua to the causa(s) and ma	innar as stated.
the F	8	one) and manner stated.	and/or investigation, in my opinion, death occur	red et tila tilile, date and placa,	and due to the cause(s)
5 4 5 P	Σ	29b. Signature and titla of cartifiar	29c. Licansa number	29d. Data signa	(Month, Day, Yaar)
		Musia H. Micell	D1550) ///arci	530 1778
		30. Name and addrass of parson who complated cause of death (itam 23	e) (Type, Print)	ent Q Itin	ame MA
		AMATUH M MAEEM, &	501 Dolphinon	Cel Daille	01017
S	tate	31. Data filed (Month, Day, Yaar) 32. Figistrer a dignature	Pande 12	1	41015
Regis	trar	MAR 3 1 1998 June Dandson	No. lond		

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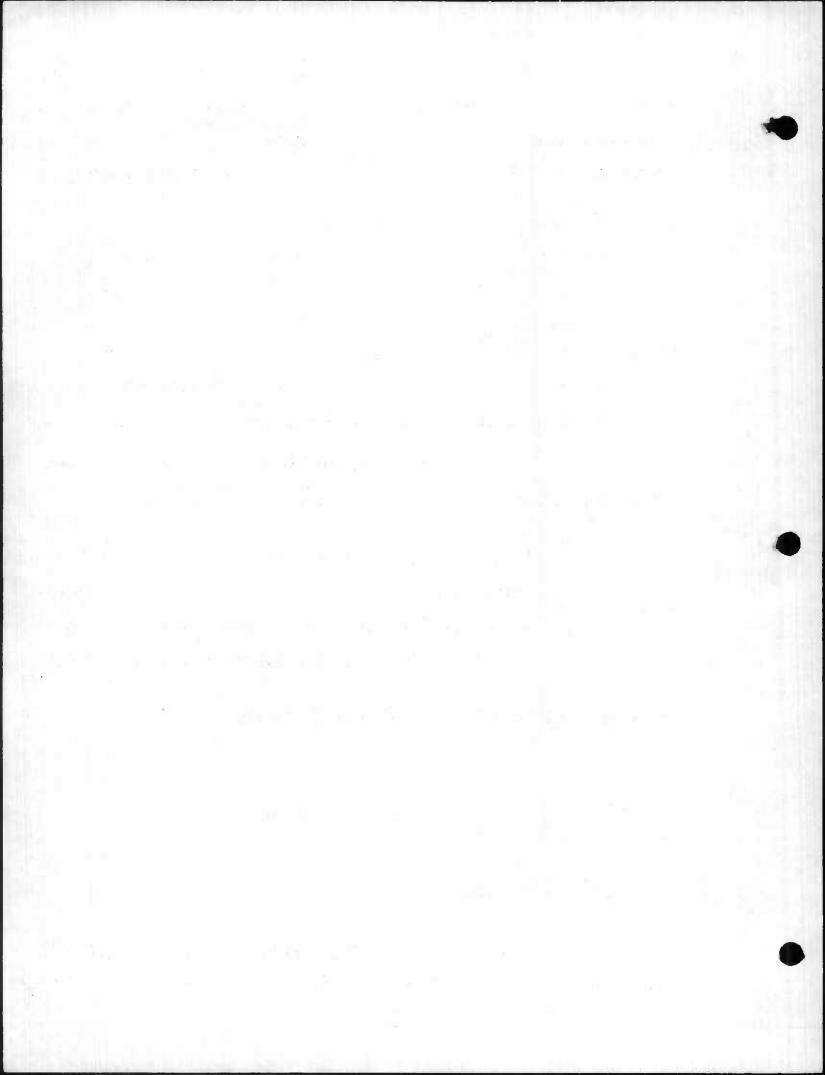


		Decedent's Name (First, Middle, L	ast)	SIL	Certificat	e of D	eath	2. Dete of D	Reg. No.		3. Time of Death
Physic /Medi	cai		ARST					MARC	H 25	1998	1:30 PM
Exami	ner	4e. Fecility Name (If not institution, g				4b	City, Town, or Lo	1 WUR		of Deeth	
Funerai Director				e (In yrs. lest birti	hday) If Under Months	1 Year Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D june 9			y) YORK
yland		10e. State 10b. County		10c. City, Town	or Location					100	d. Inside City Limits
Se-f si	Director	MD N	/A		BALTIMO	RE					¥ Yes 2 No
Nith th		10e. Street end Number			10f. Zip	Code	01015		10g. Citizen of		y?
72 hours after death with the Maryland natural, or items 23s or 28s-f show pics! Examiner must be nutried at	Funerai	2434 W. BELVEDI 11. Maritel Status 1 Never Married 2 Merried	12. Wes Decedent Armed Forces?		13. Was Deced	lent of His cify Cuban	21215 penic Orlgin? (Sp. Mexican, Puerto	ecify Yes or N Rican, etc.)	o- 14. Rec	oA e - Americai ck, White, et	
"natural", or	by	3 Vidowed 4 □ Divorced	1 Yes 2 □ I If Yes, Give Year or Detes:	160	1 ☐ Yes 2	l Ossussiti	Specify:		Specify 16b. Kind of B		
d within giene.	Completed	(Specify only highest g Elementery/Secondary (0-12)	rede completed) College (1-4or 5		(Give kind of wor life. DO NOT us WHOLESA	rk done du se retired)	ring most of work	Ing	BAYONI		
a a b	Be	17. Fether's Neme (First, Middle, Les MAX	()	BARS	r r	1	8. Mother's Nemo	e (First, Middle	, Meiden Sumen		
nd 2 should be slith end Mental 27 is marked o r traumetic ev	To	19e. informent's Neme/Reletionship MRS. MAXINE PES		19b.		(Street en	d Number or Run				Code)
iges 1 a at of Hee if Itam or othe		20e. Method of Disposition Burial 2 Cremetion 3		cemetery	Disposition (Nem	ne of ther plece)		Dete 7/98	20c. Location -		
- 투원을		4 □ Donetion 5 □ Other (Spec 21 Seneture of Funeral Service Lice		WEST	22. Name en	d Address		1730	FINODA	MAY DI	. / 1/1
Depa Impo		How D'	Levin				ISON & BI				D 01000
hysician		23e Part I inter the diseese, or cor or heart failure. List only	nplications that caused one cause on each lin	the death. Do no	ot enter the mode	e of dying,	STERSTOWN such es cardiac	or respiretory	PIKESVII	í í	Approximete nterval Between Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	e. UROS	EPS15						2	2 days
عبدا	ner			Due to (or es e c	onsequenca of):						
- puri	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (or es e co	onsequenca of):						
ing physic	Medical	Ceuse (Diseese or injury thet initieted events resulting in deeth) Lest	d	Due to (or es e co	onsequenca of):						
eam centing ettending of for use as	cian	Post II Other significant and this						1			
signed by the e	by Physician/M	Renal insuff	CHENCY,						tobacco uae co Yes 2□ No	3 Probe	the cause of death?
been should	Completed b	dementia					,	24a. Wes	en autopsy ormed?	comp	e eutopsy findings leble prior to pletion of cause seth?
B - C	Com							10	Yes 2 No	10	Yes 2□ No
this certificate	Be	25. Wes case referred to medical examiner?	Hospitel:			-	26. Piece of Deetl	(Check only	one)		
After this	tion: To	1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending investigation	28e. Dete of Inju	ry. 28b. Ti		8c. injury e Work?	4 LI Nursing Ho		how injury occur		
offer of In by	Certification:	3 Suicide 6 Could not li	De Diese of Injur	ury - At home, feri c. (Specify)					(Street end Numb wn, Stete)	er or Rurel F	Route Number,
within 24 hours effer of To the Funeral Direct completely filled in by	edical C	29e. Certifier Check only one) Certifying P	hyalclan: To the best of miner: On the basis of end menner ste	exemination and	deeth occurred e for investigation,	et the time, in my oplr	dete end pleca,	and due to the ed et the time,	ceuse(s) end me dete end placa,	onner as stet and due to th	ted. he ceuse(s)
within To the	Me	29b. Signature end title of certifler	hen mo			License r	2321 - E	C9008	29d. Dete signe March		ey, Yeer) 1998
5		30. Neme and eddress of person who Ellie G. Cohen, 1	- 4		ima Deint)		ve B				1210
-		- ILLE OF WORL, I	ール レマリ	1 110.0	LIVIUL	1 UL 17	V L	V-1111	VUIT IV	VIII L	- 1 5 1 1/



State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death		Reg. No.	09841
	Dharaia		1. Decedent's Name (First, Middle, La	,				2. Date of De	-	3. Time of Death
	Physic /Medi		Thelma	Ва	vrtoshek			March	27, 199	8 11:17 AM
	Exami		4a. Facility Name (If not institution, given	Contract to the second				Location of Death		
			4417 Kendi Ro				Baltimo	re	Balti	more
L	Funeral Director			Sex 7. Ag 1□ M 2⊠ F	e (In yrs. last birtho 82 Yr	Months Day			y, Year) 1,1916 M	Birthplace (State or Foreign Country) Country Country Country
	ylend		10a. State 10b. County		10c. City, Town o	r Location				10d. Inside City Limits
	a Mar	ctor	Maryland Baltimo	re		Baltimore	2			1 ☐ Yes 2 No
	deeth with the Marylend ms 23e or 28a-f show Limited at	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of What	
	a 23a	rai	4417 Kendi Roa				21236		u.s.	
21215-0020	or its	by Funeral Director	11. Meritel Status 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 if Yes, Give Year or Dates:	Ever in U,S.	13. Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 1 No		Specify Yes or No- rto Rican, etc.)	Biack, W	American Indian, Vhite, etc. White
5-0	2 should be filed within 72 hours end Mental Hygiene. Is marked other than "natural", surmatic event, me Medical Exe	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	(0	ecedent's Usual Occi	e during most of wo	orkina	16b. Kind of Busine	ess/Industry
121	Par S	mpi	Elementary/Secondary (0-12)	College (1-4or	5+)	le. DO NOT use retir	red)		T 4	
	Hygie Hygie Iher t		6th grade 17. Fether's Name (First, Middle, Last	1		Seamstres	T	me (First Middle	Facto Meiden Sumeme)	олу
Maryland	ould be filed with Mentel Hygiene. Brked other than stic event, me M	o Be	Myer Freedma				Sara		rname Unk	nown)
ary	shoul end Mi is mark sumati	To	19e. tnformant's Neme/Relationship		19b. N	lailing Address (Stree	et end Number or R			
	end 2 Health e m 27 is her trea		Janet Dorrough	(Friend)		24 India H				
ore,	ges 1 and 2 should be filed within of Health and Martel Hygiene. If frem 27 is marked other than or other traumatic event, the M		20a. Method of Disposition		20b. Piace of D	isposition (Name of cremetory or other pl	ace)	Date	20c. Location - City	or Town, State
im o	a partition		1 ABunai 2 Cremation 3 C					3/30/98	Timonium.	, Maryland
Baltimore,	permit. Par Depertmen Important: any injury		21. Signature of Funeral Service Lice	nsee		22. Name and Add Schumune	ress of Facility 2k Funera Lair Rd.,	l Home.	Inc.	1236
	1 5 0		23a. Part1. Enter the disease, or comshock, or heart feilure. List only	plicetions thet caused	the death. Do not	enter the mode of dy	ring, such as cerdia	c or respiretory er	rest.	Approximete Interval Between
,	Physician /Medical Examiner	iner	Immediate Cause (Final disease or condition resulting in deeth)	. META	Due to (or as e cor	CARC nsequence of):	INOMA	OF THE	E PANCE	Onset end Death
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x 68760,	centincete be executed ading physician end use es the buriel-transit	Medical	that initiated events resulting in death) Last	. TRIP	Due to (or as a cor	sequence or).				DISEASE
Bo	earn cen ettendin I for use	ian		ų. <u> </u>			100,00			years
o i	the the	Physician	Part II. Other significant conditions of					ł		oute to the cause of death?
P.O.	signed by	by Ph	INSULIN DE	PENDEN	IT D	IABETE	5 HELL	itus 10	Yes 2 PNo 3	Probably 4 Unknown
Records,	peen	Completed b						24a. Wes	en autopsy 24 rmed?	4b. Were autopsy findings available prior to completion of ceuse of deeth?
Ä.	ste hes page 2	Eo						101	res 280 No	1 Yes 2 No
ta		Be	25. Wes case referred to medicat examiner?				26. Place of De	ath (Check only o	ne)	
of Vital		To	1 Yes 2 No	Hospitel: 1 ☐ inpatie	nt 2 ER/Outpa	atient 3 DOA	ther: 4 Nursing	Home 5 Thesic	dence 6 Other (S	Specify)
ion	r death. ctor: After th by the funeral		27. Manner of Death 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Inju (Month, De	y Year) 28b. Tim Inju	ry W	ury at ork?] Yes 2 [No	28d. Describe h	now injury occurred	
	D To To	Certification:	3 Suicide 6 Could not b determined	e 28e. Ptace of Inj building, et	ury - At home, farm c. (Specify)	, street, factory, office	9	28f. Location (5 City or Tox		r Rural Route Number,
	n 24 hours	edicai (29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exer	yalclan: To the best of niner: On the basts of end manner sta	exemination and/o	eath occurred at the r Investigation, in my	time, dete end piac opinion, death occ	e, and due to the durred at the time,	cause(s) and manne date and place, and	r as stated. due to the cause(s)
1	O O O	N	29b. Signature and title of certifier				nse number		29d. Date signed (M	
			(oball)	cm.	D.	D-2	2589	6	MARCH	.30.98
			30. Name and address of person who	completed ceuse of d	eeth (Item 23e) (Ty	pe, Print)	O DD	IE - T	III CONI	.30.98 MD 21204
	Sta		31. Date filed (Month, Day, Year)		er's Signeture		K UKI	UE - 10	10000	My along
	Registr	ar	MAK 3 1 19	98 July	www.dow-	gandell.				



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, Li	est)		00	ertificat	e oi	Dealli	2. Dete of Dee			3. Time of Death
Physician /Medica	_	LUBA	BRI	SKE	R				Month	Day	Yeer 78	6.45 PM
Examine	-	4a Fecility Neme (If not Institution, gi	ve street and number)				4b. City, Town, or Lo	cation of Death	4c. County	of Death	
4		Hebrew Nursing						Rockville			gomei	-
Funeral Director		078-16-5017	/	ge (In yrs	. last birthda Yrs.	Montha	1 Yeer Deya	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Day June I	7,1898	9. Birthp Coun Russ	leca (State or Foreign try) 31a
Meryland f show		Usuel Residence of Decedent 10e. Stete 10b. County Maryland Montgon	nery		ity, Town or I						1	0d. Inalde City Limits 1 ☐ Yes 2 ☑ No
a or 28s-	Direct	10e. Street and Number 6121 Montrose Ro				10f. Zip	Code			10g. Citizen of V	Vhat Coun	try?
IOFE, Maryland 21215-0020 ges 1 and 2 should be lifed within 72 hours effer deeth with the Meryland tof Health end Mental Hygiene. If Itam 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinator must be notified at To Re Completed by European Director.	D	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceden Armad Forcas 1 Yes 2 If Yes, Give Yeer or Detea:	?	J,S. 13		dent of I- cify Cub	dispenic Origin? (Spe an, Maxican, Puarto I Specify:	ocify Yas or No- Rican, etc.)	14. Rac Bled	e - Amaric ek, White, :: Whit	etc.
d 21215-0020 liled within 72 hours of Hygiene. ther than "natural; or out, the Medical Example Completed by E	completed	15. Decedent's E (Specify only highest gr Etementery/Secondery (0-12) 12	ducation ada completed) College (1-4or 4	5+)	(Giv		rk done se retire	petion during most of working of)	ng	16b. Kind of Bu		
De tile		17. Fathar's Nema (First, Middle, Las	1)			1-		18. Mother's Name		Maiden Sumam	a)	
laryian 2 should be end Mental is merked o sumetic eve	0	Chaim Brisker						Brocha 1	Baskin			
, Maryland end 2 should be lile eath end Mental Hy earth and Mental Hy er traumatic event To Re of		19e. Informent'a Name/Reletionship unknown	(Type, Print)		unk	nown		and Number or Plura	I Route Numbe	er, City or Town,	State, Zip	Code)
ing Pa		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ② Donetion 5 ☐ Other (Speci			Plece of Dispose cametery, cr	position (Nar ematory or c	ne of other pla	ce)	Dete	20c. Location -	City or To	wn, Stete
Physician		21. Signeture Portugal Service Lice 23e. Patri. Enter the disease, of conshock, or heart feilure. List only	nplications that cause one cause on each	ed the dee	th. Do not e	Balti nter tha mod	more le of dyl		d 21201 or respiretory er		imore	Approximete Interval Between Onsat and Deeth
/Medical Examiner	0	Immediata Cause (Final disease or condition resulting in deeth) NYOCARDIAL IN FARCTION Due to (or es e consequence of):										
I Records, P.O. Box 68760, The law requires that the death certificate be executed at he as been signed by the ettending physicien and page 2 should be deteched for use as the buriel-transit.	agica agica	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	b		or es e cons							
Geeth cert deeth cert e ettendin nd for use	2	Pert II. Other significant conditions	contributing to death	but not re	sulting in the	underlying o	ause di	ven in Pert I.	23b. Did 1	obacco usa co	ntributa to	the cause of death?
dS, P.O. BOX ires that the deeth certi signed by the ettending d be deteched for use e			MENTIA						10	Yes 32 No	3 Prol	pebly 4 ☐ Unknown
of Vital Records, Physicien: The law requires the certificate has been signed director, page 2 should be completed by									24a. Wes perfo	en eutopsy med?	av	ere eutopsy findings elleble prior to mpletion of cause deeth?
VITAL REC	5								101	res 20 No	10	Yas 2□ No
		25. Wes case referred to medical exeminer?						26. Plece of Death	(Check only o	ne)		
on of Vita	2	1 Yas 2 No 27. Menney of Deeth 1 Neturel 5 Pending	Hospital: 1 Inpat 28e. Dete of Inj (Month, De	ury	28b. Time Injury	of 2	8c. Inju Wo	ry et rk?		dence 6 Oth		v)
IVISION TARTED TO THE T	I III Car	2 Accident Investigation 3 Suicide 6 Could not to determine	Offic Plans of In	ijury - At h	nome, farm, s	M street, factor		Yes 2 □ No	28f. Location (S City or Tox		er or Rura	I Route Number,
Division To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Affect completely filled in by the fune Medical Certification			hysician: To the best miner: On the besis of	of exemin								
ithin of the of	5	29b. Signeture end title of cartifier	end menner s	teted.		290	. Licans	sa number		29d. Date signe	d (Month,	Day, Year)
F 3 F 8		P. Tall	ver, M.s					6552		MARCH	18	1998
		30. Name end eddress of person who			m 23a) (Type ROSE	e, Print)	· sA	o Po	CKVIL	CE N	10. Z	10852
State Registrar		31. Dete filed (Month, Day, Year) WAR 3 1 1998	33 Regist	rards Sign	eture Rond	ماله						

DHMH 16 Rav 6/95

	State of Maryla					/giene	19849
		Cer	rtificate of	f Death	F	Reg. No.	
1. Decedent's Neme (First, Middle, La		. ,			2. Dete of De Month		3. Time of Death
Lillian M	AE BENS	SEL			MARCH		8 12 50M
le. Fecility Name (If not institution, giv					wn, or Location of Deat	11111	Deeth
Oak Crest Ca.	16 611161	to at the fault along	if Undar 1 Yaa	1	timore	Dull	more
5. Social Security Number 6. S 217-07-0269	1 M 2 F 93	s. lest birthday) Yrs.	Months Deys	s Hours	24 Hrs. 8. Data of Bir (Month, De May 30	, 1904 9.	Birthpleca (State or Foreign Country) Maryland
Jsual Residence of Decedent 10a. Stete 10b. County	400.4	Mr. Trum and a	N1				
With the same of t		City, Town or Loc					10d. Inside City Limits
Maryland Balt	timore		Baltimo	re			1 ☐ Yes 2 No
0e. Street end Number			10f. Zip Code			10g. Citizen of Whet	t Country?
8810 Walther Boul	Levard		21:	U. S. A	١.		
11. Marital Status	12. Wes Decedent Ever In L Armed Forces?	U,S. 13. V	Ves Decedent of	Hispenic Ork	gln? (Specify Yas or No n, Puarto Rican, etc.)	o- 14. Race - /	Amarican Indlen,
1 Never Married 2 Married	1 ☐ Yes 2 K No				, Puarro Hicari, etc.,		White, etc.
3 Widowed 4 □ Divorced	tf Yes, Give Yeer or Detes:	1	1□Yes 2X No	o Specify:		Specify:	White
15. Decedent's Ed (Specify only highest gra	ade completed)	16e. Deced	lent's Usuel Occu kind of work done DO NOT use retire	upation e during most	16b. Kind of Busine	ess/Industry	
Elementery/Secondery (0-12) 10th Grade	College (1-4or 5+)		Homemak		Own t	Цато	
7. Fathar's Nama (First, Middle, Last)	u)		Homemuk		er's Name (First, Middle		nome
Baseman Bentz						e, meiden Sumema) 2nown	
19e. Informent's Neme/Reletionship (Type, Print)	19b. Meilln	g Address (Stree	et and Numbe	er or Rurel Routa Numb	ber, City or Town, Ste	ita, Zip Code)
Cindy M. Ruskey	(Granddaughte	r) 65 M	ilburn (ircle,	. Pasadena,	Maryland	21122
20a. Method of Disposition	20b.	Plece of Dispos			Dete	20c. Location - City	
1 🕅 Burlal 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification)	(y) F	Parkwood	d		4/1/98	Baltimor	e, Maryland
21. Signeture of Funeral Service Licer	1500	22. C	. Name and Addr	ress of Fecility	ral Home In		
Brian a Wie	ellen				rac Home In re, Baltimo		and 21213
23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the dea	ith. Do not ente	or the mode of dy	/ing, such es	cardiec or respiretory	errest,	Approximete Intervel Between
489.04	C	. 15	. ,	1			Onset end Death
Immediate Ceuse (Final disease or condition	Conge	stive i	Wart,	Leilus.	2		Weeks
resulting in deeth)	Doe to	(or es e conseq	Mart pruence of):				
	Coron	eru ar	Lero	Liceas	2		Vears
Sequentially list conditions,	b. — Due to	(ores e consequ	uence of):	10 110			1
Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Couse (Disease or Injury							
TIGE MINIGIACE AVELUES	C. Due to	(or es e consegu	uenca of):				
resulting in deeth) Lest		2, 00 0 00,10-4-	01104 017.				

Physician /Medical Examiner

attending physician and for use as the burial-transit

been signed by the should be datached

After this certificate has funeral director, page 2:

Attending Physician:

To the Hospital by Attendir within 24 hours after death. To the Funeral Director: At completaly filled in by the fu

death.

Division of Vital Records, P.O. Box 68760,

Sequentially lift any, leading cause. Entar Ceuse (Disees thet initieted e resulting in de

Physician /Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Physician/Medical Examiner

Be Completed by

Medical Certification: To

Funeral

Director

Pert II. Other s

1 ☐ Yes 2 ☐ No 3 Probably 4 € Unknown

Chronic renel La, lune

24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed?

1 ☐ Yes 2 1 No

25. Was case referred to medical examiner? Hospitel: 1 Yes 2 No 1 ☐ Inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of Injury

26. Piece of Deeth (Check only one) Other: 4 Moursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 28c. Injury et Work? 28d. Describe how Injury occurred

27. Menner of Deeth 28e. Deta of Injury (Month, Dey Year) 1 Naturel 5 Pending Invastigation 2 Accident 6 Could not ba 3 Sulcide

1 Yes 2 No 28e. Pleca of tnjury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Yes 2 No

29a. Certifier (Check only one)

4 Homicide

1 Certifying Phyetcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end manner steted.

29b. Signeture end title of certifier

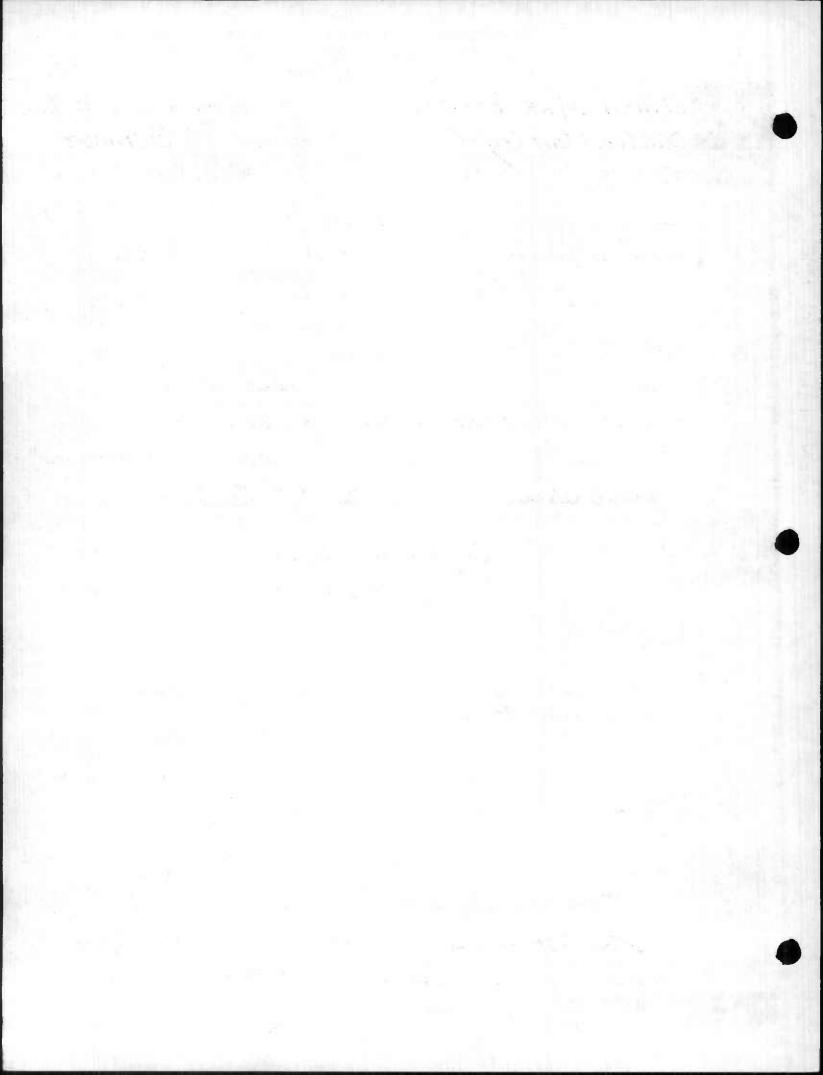
29c. Licansa number D43732 29d. Deta signed (Month, Dey, Year) March 30, 1998

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) M. chael

8800 Warther Bulevard, Parkville, MD 21234 Harper, MD

State Registrar





WRC 98-1672-510 ROBERT E. BO

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

partificint of t	icalti alla moi	ital Hygici
ertificate of	Death	Die I

MGARDNER					Ce	rtifica	te of	Death	,	Reg. No.	098	350
Physic - /Med		1. Decedent's Name (First, Middle, I Robert E. Bomg		r.					2. Date of De Month MARCH	25, 199	Year	Tima of Daath: 17 PM.
Exami		4a Facility Name (If not institution, g 116 BIRCKHEAD		per)	16			4b. City, Town, or BALT	Location of Deat		of Death n/a	
Funeral Director		5. Social Security Number 522–34–6978	. Sex 7. 1X M 2 □ F	Aga (In yrs. 67	last birthdey) Yrs.	If Unc Month	er 1 Year s Days		8. Data of Bir (Month, De March	27 1930	9. Birthplace Country) MISSOU	(State or Foreign
e-f show	ctor	Usual Residence of Decedent 10a. Stata 10b. County Md •	n/a		ty, Town or Lo						100	nsida City Limits
h with the	al Director	10e. Street and Number 116 Birkhead	Street			10f. 2	ip Code	21230		10g. Citizen of V USA	Vhat Country?	
5-0020 72 hours efter deeth with the Maryland naturel; or items 23s or 28s-1 show seel Energine mass be notified as	by Funeral	11. Marital Status 1 □ Naver Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Daced Armed Forc 1 Mes 2 If Yes, Give Yaar or Date	es? □ No	l,S. 13.			Hispanic Origin? (an, Mexican, Pue Specify:	Specify Yas or No rto Rican, etc.)	14. Rac Blac Specify	e - American In kk, White, etc. whit	
within see.	Completed	15. Decedent's (Specify only highest s Elementery/Secondery (0-12)	Education grede completed) College (1-4	or 5+)		kind of I DO NOT	vork done use retire	petion during most of wo d)		16b. Kind of Bu	mployed	
	o Be C	17. Fathar's Name (First, Middla, La Carl E. Bomgard			1101110	2		18. Mother's Na	me (First, Middle J. Hurti		Θ)	
27 rt.	-	19e. Informant's Name/Relationship Robert E. Bomga		(Son)		-		end Number or F				a)
Baltimore, emit. Pages 1 e epertment of Her mportant: If tem nny Injury or othe nnee.		20a. Mathod of Disposition 1			Place of Disponentery, cra Vets	malory o	nother nic	ownsvill	March e31 1998	20c. Location -		
Baltimo		21. Signature of Funeral Service Lic	onsee	•	-	2. Name MCC1	and Addr	ess of Facility Polyniak Fort Ave.	Funeral	L Home		
Physician /Medical Examiner	er.	23a. Part1. Enter the disease, or co shock, or heert failure. List on Immediate Cause (Finel disease or condition resulting in death)	ly one cause on eed	on line.		. (uro	ing, such as cardia			Inte	roximete rval Between set and Death
X 68760, certificant is apported ding physician and se as the buriet variety	/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	b		or es a conse							
P.O. BOX at the death cert by the ettendin	Physician/M	Part II. Other eignificant conditions	contributing to deat	th but not res	sulting In the u	ınderlyin	j cause g	iven in Part I.	23b. Did	tobacco use co	ntribute to the	cause of death?
S, L	by Phy	Diubetes	Melli	us					. 10	Yee 2□No	3 Probably	4 K Unknow
aw requir	Completed								perf	an autopsy ormed?	availabl	utopsy findings le prior to tion of cause n?
= F # a		25. Was case referred to medical						26 Blace of Dr	ath (Check only	Yes 2□No	1 5 Ye	s 2□ No
of Vita Physician: this certific	o Be	examiner? 1XXVes 2 No	Hospital:	patient 2	ER/Outpetie	nt 3□	DOA OI	hor	Home 5 XRes		er (Specify)	
C & 55	ation: T	27. Manner of Death 1 Naturel 5 Pending investigat	28a. Dete of (Month,		28b. Time of Injury		28c. Inju			how injury occur		
	Certification:	3 ☐ Sulcida 6 ☐ Could not determine	ad 286. Placa o	f Injury - At h , etc. (Speci	ome, farm, st	reet, fact	ory, office		28f. Location City or To	Street and Numb wn, Stata)	per or Rural Ro	ite Number,
o the Hospital or rithin 24 hours effi o the Funeral Dir ompletely filled in	edical		Physician: To the be aminar: On the bas and manne	is of examina								
this the	×	29b. Signature and title of certifier	1011			2	9c. Lican	se number		29d. Date signe	d (Month, Day,	Year)

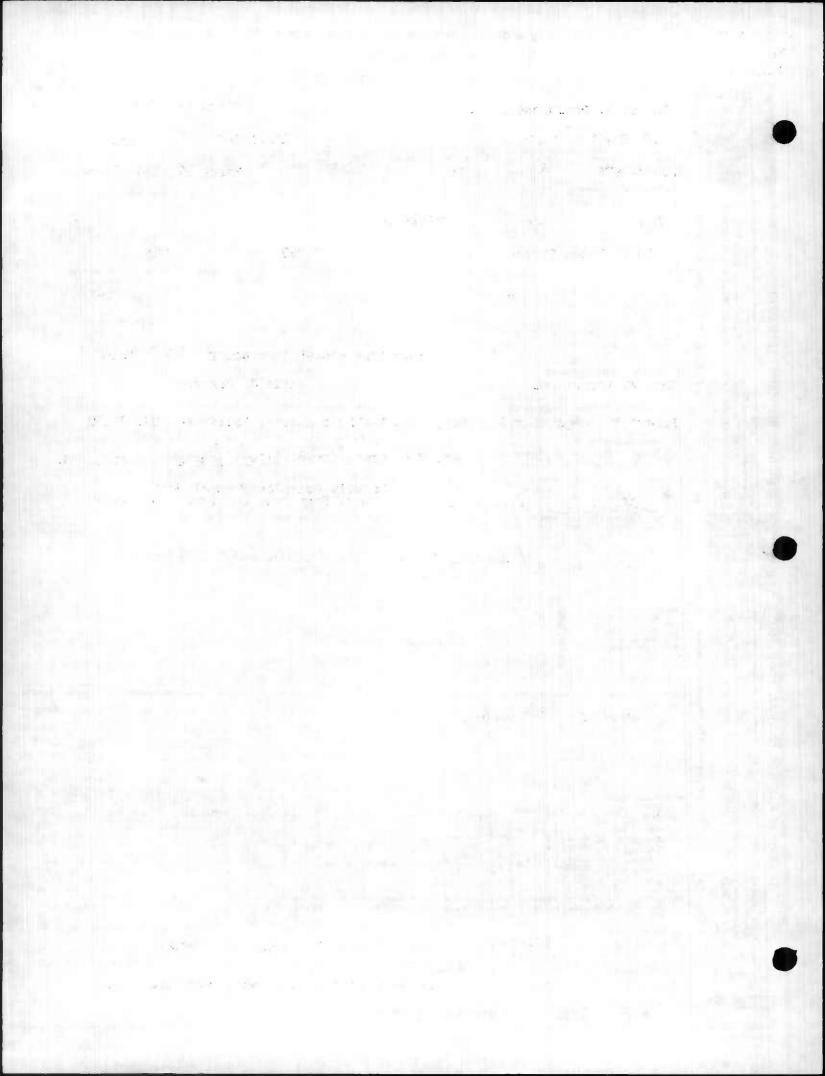
Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Owild A Rowler 111 Penn 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

MARCH 26, 1998



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 09851

				,	Cei	tificate d	of Death	R	eg. No.	U	0001
	Physic	an.	1. Decedent's Name (First, Middla, Las	t)	1 -			2. Data of Deat Month		Yaer	3. Tima of Death
	Physici /Medi		JOHN B B	YRD				3	28	98	3:20
	Examir		4a. Facility Name (If not institution, give	street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
			2314 W. LEXING			811.4.4.4	BALTIMOR	E		N/A	
L	Funeral Director		5. Social Security Number 251-01-4330 Usual Residence of Decedent	7. Age (In yrs.	last birthday) Yrs.	If Under 1 Ya Months Da		8. Date of Birth (Month, Dey,	Year)	9. Birthp Cour	place (Stele or Foraign ontry)
	Mon #		10a. State 10b. County	10c. Cit	y, Town or Lo	cation				1	10d. Inside City Limits
	death with the Marylend ms 23a or 28a-f show	ctor	MD NA	BA	LTIMOR	Œ					1 ☑ Yas 2 ☐ No
	or 28	Funeral Director	10e. Street end Number	0		10f. Zip Cod	le	1	Og. Citizen of V	Vhet Cour	ntry?
	ath w	ral	2314 W. LEXING			2	21223			USA	
	items items	une	11. Manifal Status	12. Was Decedant Evar in U Armed Forces?	,S. 13. V	Vas Decedent Yas, specify C	of Hispanic Origin? (Sp Cuban, Mexicen, Puerto	ecify Yas or No- Rican, atc.)	14. Rec Biad	e - Amaric k, White,	can Indien, etc.
21215-0020	al', or	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Datas:	. 1	□Yas 2101	No Specify:		Specify	DLA	ack
5-	"natur	Completed	15. Decedent's Ed (Specify only highest great	ucetion de com <i>pleted)</i>	(Give	ent's Usual Oc kind of work do	ne during most of work	ing	16b. Kind of Bu	isiness/In-	dustry
12	withir ena. than	ошо	Elementary/Secondary (0-12)	College (1-4or 5+)	MAST	OO NOT use re	3		Cons	7011.0	7011
	be filed with stel Hygiena. of other ther event, the	e Co	12 TH GRADE 17. Father's Name (First, Middle, Last)	N/B	THE	LR	A R PENTER 18. Mother's Nem	e (First, Middle, N		RUC	11010
Maryland	0 0 0 0	To Be	JESSIE BURD				MINNIE	VAPR	ROUGI	.) .	
ary	d 2 should in end Mer 7 is marke traumatic	-	19a, informant's Name/Relationship (T	ype, Print)	19b. Mallin	g Address (Str	eet end Number or Rur				Code)
	C = N -		MINNIE BRYAN	DAUGHTER	2314	W. LE	XINGTON	St. B	ALTO.	MD.	21223
ore	ges 1 en t of Heall if item 2 or other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	20b. F	lace of Dispo-	sition (Name of	place) CHURCH	Date	20c. Location -	City or To	own, Stata
Ë	P P F P		4 Donation 5 Other (Specify,)		METERY	CHURCH /	-3.98	SOUTH	Car	ROLLOS
Baltimore,	permit. Pa Departmen Important: any Injury once.		21. Signature of Funeral Service Licens	500	VA	Name and Ad	dress of Facility GREENE	FUNER	AI SEI	ZVICE	
	20580		Daugh (trus	51	SI BAUT	D. NATL' PI	KE BAL	70. m		21229
			23a. Part1. Enter the disease, or comp shock, or heart faithre. List only of	licetions that caused the deet ne cause on each line.	h. Do not ente	er the mode of	dying, such as cardiac	or respiratory arre	est,		Approximate interval Between
	Physician /Medicai		Immediate Cause (Final	1 10		C	1 1			1	Onset and Death
	Examiner		disease or condition resulting in death)				state C	ancer	~		7 445
_		Jer		Due to (c	r as e consaq		2,000				z mouths
)	ransit	Examiner	Sequentially list conditions	b. Dua to (o	r as a conseq	wing	Sepsis				2 MONINE
0,	riel i		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Sa	crol	_	ubitus	ulcer	_		2 months
68760	rtificate b ng physic as the b	Medical	that initiated events rasulting in death) Lest	Dua to (o	as a consequ		orbi i ors	Creek	•		
	entific ling p	Me		d						1	
Box	death cer e attendir ed for use	lan	<u> </u>	V.						i	
0	uiras that the dev signed by the a ld be detached f	Physician/	Part ii. Other significant conditions co	ntributing to death but not res	ulting in fha ur	iderlying ceuse	given in Part i.	23b. Dld to	bacco uss co		o the causs of death?
α.	that the ded by detail	Ph						, 1 🗆 Yı	88 2 No	3 Pro	bably 4 Unknown
Records,	requiras that the een signed by th hould be detache	d by						24e. Was a	n eutopsy	24b. W	ere autopsy findings
00	- 00	lete						perform	med?	CO	allable prior to implation of cause death?
Re	The law sete hes b pege 2 s	Completed						1 □ Ye	s 2 No		Yes 2000
ta	iclan: The certificate rector, peg	Be C	25. Was case referred to medicai				26. Piece of Deet				3 165 21910
Division of Vital	\$ 00	To B	axaminer? 1 ☐ Yes 2 ☑ No	Hospitei:	ER/Outpatien	3□ DOA	Other:	me 5 Reside		er (Specif	'y)
0	ng Ph ter th neral	ü	27. Menne of Deeth 1 ☑Natural 5 ☐ Pending	28a. Date of injury (Month, Day Year)	28b. Time of Injury	28c. li	njury at Work?	28d. Describe ho	ow injury occur	red	
Sio	Attanding ir death. actor: After by the fune	catle	2 ☐ Accident investigation				I ☐ Yes 2 ☐ No				
<u>></u>	or Att	E	3 Sulcide 6 Could not be 4 Homicide determined	28e. Place of Injury - At he building, etc. (Specify	ome, ferm, stre v)	et, factory, offi	ce	28f. Location (St. City or Town		er or Run	il Route Number,
	Hospital	S	29a. Certifier 1 Certifying Phy	elelen. To the best of my leasure	uladaa daath	and the state of the	a time data and store	and due to the ed	ausa(a) and ma		Antod
		edical Certification:	(Check only one)	alclan: To the best of my kno ner: On the besis of examine and manner stated.	wiedge, death tion and/or inv	estigation, in m	y opinion, death occur	end due to the ca ed et the time, da	ate end piece,	end due to	the ceuse(s)
	within To the comple	Me	29b. Signature end title of certifier			29c. Llc	anse number	2	9d. Date signe	d (Month,	Dey, Year)
	. /		Kerron Chorn	up Attend	na	D	38993		03 30	190	
	10.		20. Name end eddress of person who c		-	_					
	1		twa Udern	vy 2600 l	ibert	1 Ha	hts Ba	Himore	MY	2121	5
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Signe	ture	,,					
	Registr	ar	MAR 3 1 1998	Julia Varidson-1	Janacoc						

Andrews Elegan Johnson

STEELES STEELING CONTRACTOR STEELINGS

Blackfill and the shall good year of the first

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month Brown Jeanette C 20100 MAKCH 4e. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth Baltimora If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey Year) Min. 2 12 - 6 4c. County of Deeth St. Agnes Hospital Baltimore 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M 2 P 89 U4-14-9774 Usuel Residence of Decedent Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20 No 10e. Street and Number 10g. Citizen of What Country? 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Merital Stetus Race - American Indian, Bleck, White, etc. 1 ☐ Nevar Married 2 ☐ Married 1 Yes 2 No Specify: 3 ₩idowed 4 Divorced BLAC 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupation (Give kind of work dona during life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 17. Fathar's Name (First, Middle, Last) CALLOWAL 19a. Informent's Neme/Reletionship (Type, Print) AUDETIE AUSTOCINE, MD. 21231 20c. Location - City or Town, Stata 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 □ Buriei 2 □ Cramation 3 □ Removel from Stete 4 □ Donation 5 □ Other (Specify) 21. Signature of Funerel Service Licanses 23a. Pert1. Entar tha disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest shock, or heart feilura. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth immediete Ceuse (Final Stroke disaase or condition resulting in deeth) Due to (or es a consequence of): Due to (or es e consequence of): Atrial Fibrillation

Physiclan /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be as within 24 hours affer death.

To the Funeral Director: After this certificate has been signed by the ettending physician completely filled in by the funeral director, page 2 should be detached for use as the burie

Depertment of Health as Importent: If Itam 27 Is any Injury or other traconce.

Physician

/Medical

Examiner

10a State

Funeral

Director

28a-f show

ŏ Items 23s

traumatic event, the Madical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours effer on ant of Health and Mental Hygiena. Int: If Itam 27 Is marked other than "natural", or Ite

Maryland

Baltimore,

Completed by Funeral Director

Be

Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Couse (Disease or injury that initiated events resulting in death) Lest Physician/Medical

25. Wes casa referred to medical

1 Yas 2 No

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicide

29e. Certifier

4 Homicide

23b. Did tobacco use contribute to the cause of deeth?

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Be Completed by 24e. Wes en eutopsy performed?

1⊠Yes 2□ No 3 Probably 4 Unknown

1 Yes 2 No 24b. Were autopsy findings available prior to complation of causa of deeth? 1 Yas 20 No

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 ☐ inpatient 2X ER/Outpetient 3☐ DOA 28b. Tima of 28d. Describe how injury occurred 28c. injury at Work?

28e. Dete of injury (Month, Dey Year) 1 Yes 2 No 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

2 Medical Exeminer: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, dete end piece, and dua to the ceuse(s) end mannar stated.

29b. Signeture end title of certifiar 29c. License number

29d. Dete signed (Month, Dey, Year) MARCH 25-98

some and eddress of person who completed cause of deeth (item 23e) (Type, Print)

St. Agnes Hespital, 900 Cation Avenue, Baltimere, MD 21229 MUNIF RAHAL

State Registrar

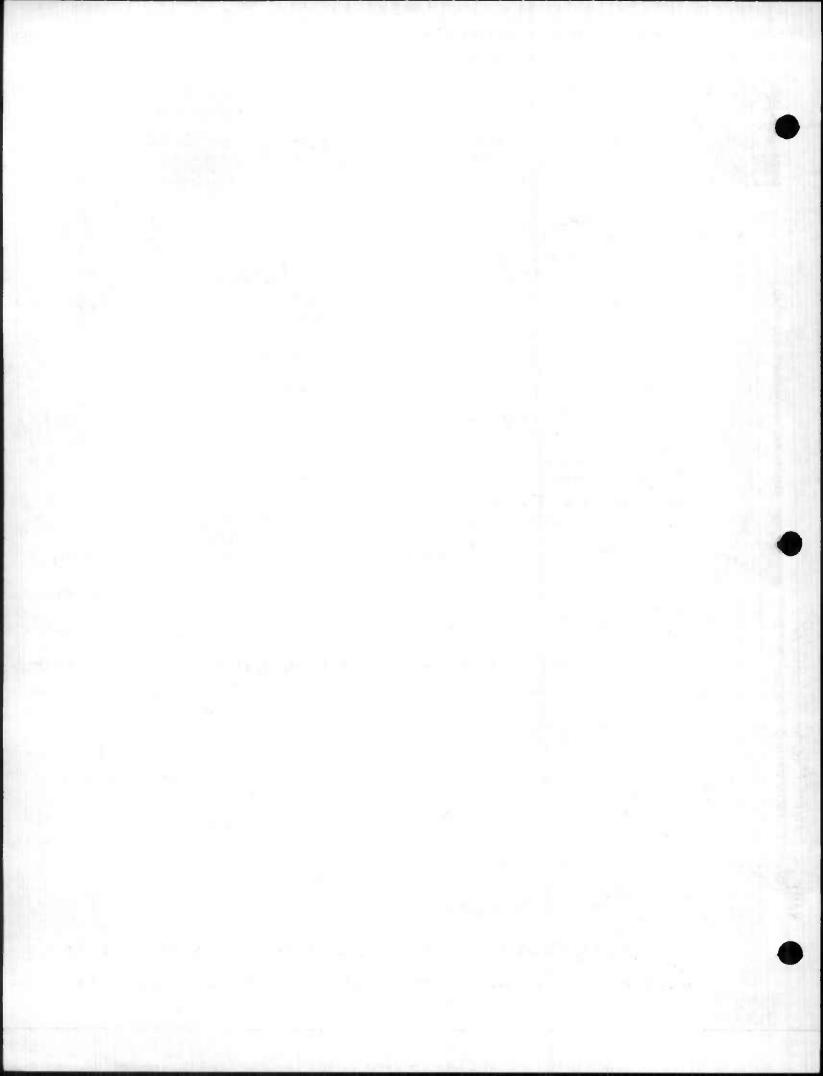
Medical Certification: To

31. Dete filed (Month, Day, Year)

5 Pending investigetion

6 Could not be determined





98-1725-510 jhm **AVERY** BARNETT

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	//	ysic Jedi amii	cal
		eral ctor	
b	>		

permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Manylai Department of Heelth end Manial Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at antes. Baltimore, Maryland 21215-0020

Physician Alleanca Examiner

the attending physician and the for use as the bunal-transit The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physicien: The law requires that the death within 24 hours after death.

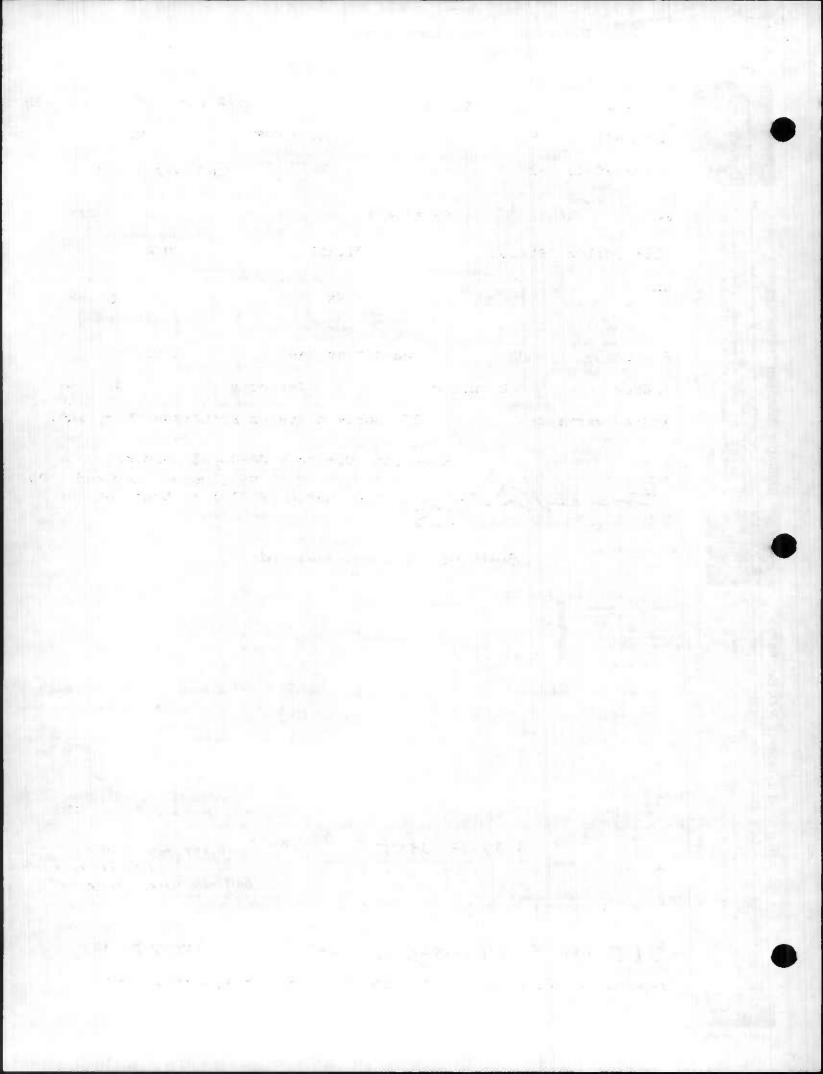
To the Funeral Director: After this certificate has been signed by the atter completely filled in by the funeral director, page 2 should be detached for

		Cen	tificate of	Deam	R	eg. No.	-	
1. Decedent's Name (First, Middle, Les	t)				2. Date of Dee		Vear	3. Tima of Death
Avery	Barne	ette			MARCH 2	28, Day 1998	real	24:00 AM
4a Facility Name (If not institution, give 2105 FREDRICK AVE				4b. City, Town, or I BALTIMORE		4c. County o		
5. Social Security Number 6. Se 067-62-4440	7. Age (In y	rs. last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey 03-14	, Year)	Coun	elace (Stete or Foreign http:) Y
Usual Residence of Decedent 10a. State 10b. County	10-	City, Town or Loc	etica				1	0d. Inside City Limits
Md. NA		Baltimo					- '	X XIXYes 2 No
10e. Street and Number			10f. Zip Code			Og. Citizen of W	het Cour	10/2
2013 Hollins S	Street		21223	3		USA	net oour	loy1
11. Maritel Stetus **Control Married Mar	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ▼No If Yes, Give Year or Dates:	lt.	/as Decedent of H Yes, specify Cub ☐ Yes 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1	dispenic Origin? (S an, Mexicen, Puert Specify:	pecify Yes or No- o Ricen, etc.)		, White,	en Indian, etc.
15. Decedent's Edi (Specify only highest grad	ucetion de completed)	(Give k	ent's Usual Occup and of work done	during most of wor	king	16b. Kind of Bus	iness/In	dustry
Elementary/Secondary (0-12)	College (1-4or 5+)		O NOT use retire			Compar		
12th Grade 17. Father's Name (First, Middle, Last)	NA	war	ehouse		ne (First, Middle, i	Compar Meiden Surneme	-	
Andrew	Barnett	. 6		Marjor				sgow
19a. Informant's Name/Relationship (T			a Address (Street			r. City or Town. S		codeApt.21
Andrew Barnett	***	357	Wortman	n Avenue	Brook	lyn, N.	Υ.	11207
20a. Method of Disposition		. Place of Dispos	ition (Neme of			20c. Location - 0		
1 Burial 2 Cremetion 3 1	Removel from State	cometery, crem Evergre	etory or other ple		1-04-98	Brook	e l vr	NV
4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licens			Name and Addre	-			-	-
D. Contract of Parish and Contract of Parish	12 =			arch FH			-	and 2120 Zenue
23a. Part 1. Enter the disease, or composhock, or heart failure. List only	disations that caused the d	nath. Op not ente	r the mode of dyi	ng, such as cerdiad	or respiratory arr	rest,		Approximate Interval Between
								Onset and Death
Immediate Cause (Final disease or condition	a Multiple	6 Gur	Shot	wounds			-	
resulting in death)		o (or as a consequ						
	b						1	
Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	Due to	o (or as a consequ	uence of):					
ceuse. Enter Underlying Cause (Disease or Injury	c						1	
that initieted events resulting in death) Last	Due to	(or as e consequ	ience of):					
	d						i	
							- 1	
	ntellection to donth but not	esulting in the un					11	
Part II. Other significant conditions co	sittibuting to death but not	osaming in the an	derlylng ceuse gi	ven in Part I.	23b, Dld to	obacco use con	tributa t	o the causa of death
Part II. Other significant conditions co	sittibuting to death but not	osaling in the an	derlylng ceuse gi	ven in Part I.				
Part II. Other algnificant conditions co	sittibuting to death but not	osdaning in the dri	derlying ceuse gi	ven in Part I.	101	res 2 KNo	3 Pro	bably 4 Unknow
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Part II. Other significant conditions of	minouting to death but not		derlying ceuse gi	ven in Part I.	1 🗆 Y	res 2 No	3☐ Pro	bably 4 Unknow
Part II. Other significant conditions or	minouting to death but not		derlyIng ceuse gi	ven in Part I.	1 🗆 Y	n autopsy	3 Pro	bably 4 Unknown
25. Was cese referred to medical examiner?				28. Place of De	1 N	res 2⊠No an autopsy med? res 2□No	3 Pro	dere autopsy findings railable prior to impletion of cause death?
25. Was cese referred to medical examiner? 1 ☑ Yes 2 □ No	Hospital: 1 ☐ Inpatient 2	:□ ER/Outpatient	3 DOA	28. Place of Der her: 4 ☐ Nursing H	24a. Was a perfor	an autopsy med? (es 2 □ No ne)	3 Pro 24b. W av cc of	tere autopsy findings ailable prior to mpletion of cause death?
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State Registrar

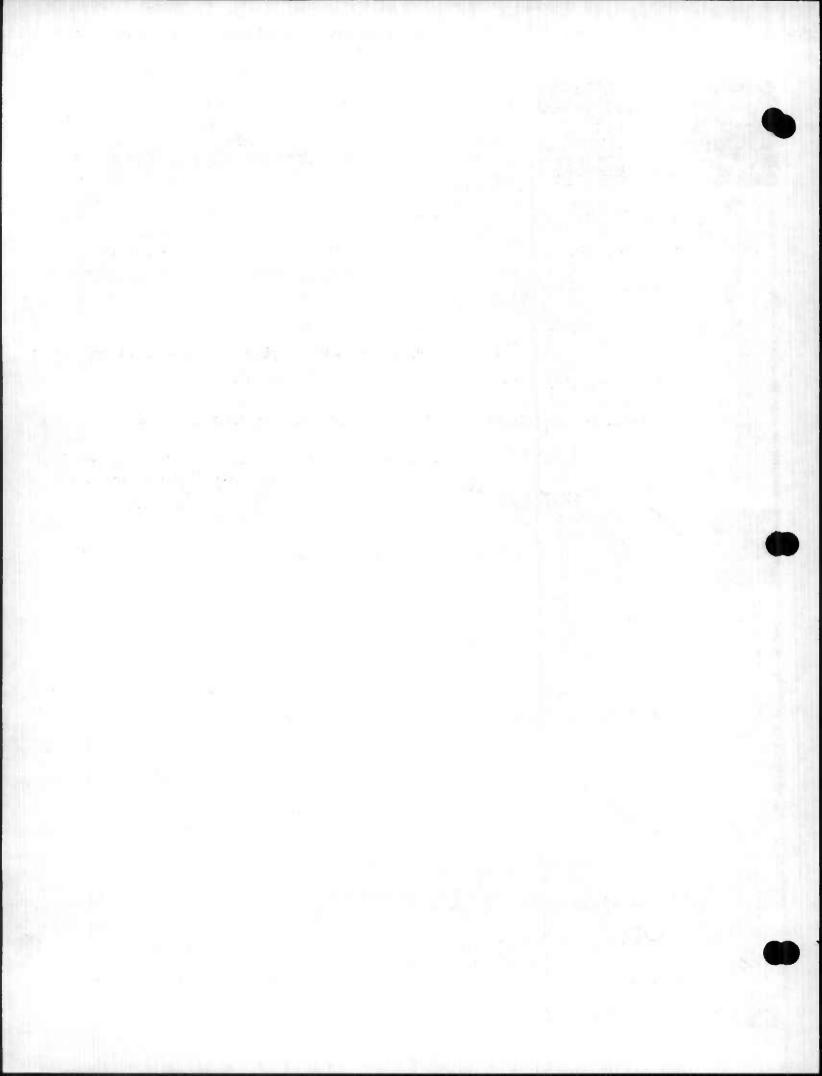
Stephen S.
31. Date filed (Month, Dey, Year) MAR 3 1 1998

Radentz 111 Penn
32 Aggistrate Signature Randale
98 Finandam Randale 111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Otate of IV	iai yiai ia /	Certific		Death		Reg. No.	U	9854
	Physici	an	1. Decedent'a Name (First, Middla, La		16				2. Data of Da		Year	3. Tima of Death
	/Medic		William R. Ba						March		98	7:25 pm
A	Examir	ner	4a. Facility Neme (If not institution, give		,			4b. City, Town, or I				
			Keswick Multi-Ca			****		Balti			N/A	
	Funeral Director		5. Social Security Number 212–10–1466 Usual Rasidance of Dacedant	7. A	ga (In yrs. lest	Yrs. Mont	ths Deys	If Undar 24 Hrs. Hours Min.	8. Data of Bir (Month, De Decembe	er 1,1906	9. Birthp Cour Mar	lace (Stata or Foreign try) yland
	land ta		10a. Stata 10b. County		10c. City, To	own or Location					1	0d, Inside City Limits
	the Marylar 28a-f show	ţ	Maryland N/A		Bal	timore						1 Yes 2 □ No
	r 28s	rec	10e. Street and Number			10f.	Zip Coda			10g. Citizen of W	/haf Cour	itry?
	h wit	al D	740 W. 40th St.				21211			United S	State	S
20	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show ha Majical Examiner must be notified at	by Funeral Director	11. Marital Stetus 1 Navar Marrled 2 Married 3 X Widowed 4 Divorced	12. Was Deceden Armed Forces 1 ☐ Yas 2 X If Yes, Giva Yaar or Datas:	? No		***	lispenic Origin? (S an, Maxican, Puert Specity:	pecify Yas or No o Rican, etc.)	14. Race Black	k, Whita,	an Indian, etc.
21215-0020	should be filed within 72 hours af nd Mental Hygiene. marked other than "natural", or imatic event, the Medical Exam	Pa	15. Dacedant's E			6a. Dacedant's U	Jsual Occur	ation		16b. Kind of Bu	siness/în	dustry
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Pu	othe other	Bec	17. Fathar'a Nama (First, Middle, Last,							Maiden Sumeme	a)	
yla	Ments Ments srked	To	William Raymond B	ay, Sr.				Martha	Jane An	derson		
	2 9 9 8		19a. Informant's Name/Ralationship (Mary Belle Breite	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9b. Mailing Addr 2611 Wen		and Number or Ru Rd. Ba	rai Routa Numb altimore		Stata, Zip .234	Coda)
Dre	Peges 1 and 2 nent of Health of sat: If itsm 27 is ury or other tra		20a. Mathod of Disposition	· · · · · · · · · · · · · · · · · · ·		of Disposition (Nama of or other place	ce)	Date	20c. Location - 0	City or To	wn, State
Ē	Pe Pe		4 Donation 5 Other (Specif		Green	mount C	remat	ory	3/27/98	Baltimo	ore,	Maryland
Baltimore,	permit. Peges 1 and Depertment of Health Important: If Item 27 any injury or other tr Once.		21. Signatura of Funaral Service Licer	telell I	Y.	22. Name	a and Addre		00 York	Rd.		e, Inc.
	_		23 Pht1. Entar the diseasa, or com	plications that cause	d the daeth. D	o not antar tha r	moda of dyln	ng, such es cardiad	timore,	MD 212	112	Approximete
0	Physician /Medical Examiner		Immediata Causa (Final disaase or condition	0	ratio			uomin			1	Interval Between Onsat and Death
	LAGIIIIICI	10	rasulting in daeth)			a consequence					1	
	Pel 1 /	uju		b								
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68760,	D D D	edical	Cause. Enter Undarrying Causa (Diseasa or Injury that initiated avents	c	Due to force		-4)					
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	deeth e ette	Physician/N	Pert II. Other significant conditions of	onfributing to death	but not rasultine	g in the undarivir	na causa aiv	an in Part I.	23b. Did	tobacco usa con	teitiūta to	the cause of death?
P.0	het the de ad by the detached	hys	Cerebroaas									pably 4 Unknown
	signed d be del	by F	a eag war	cacar	oureu	ac w	un i	Certain				
Records,	The law requires thet the deeth cert sie hes been signed by the ettendin, page 2 should be detached for use								24a. Was	an autopsy	av	ara autopsy findings allabla prior to
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of Vital	hysic this ce	ဥ	1 ☐ Yas ZIZ No		iant 2 ER/	Outpatienf 3	DOA Oth	ar: 4 Nursing H	ome 5 Rask	denca 6 □Otha	r (Specif	y)
n o	Mer t	on:	27. Manner of Deeth 1 ☑Natural 5 ☐ Panding	28a. Data of Inj (Month, Da	ury 28t	b. Tima of Injury	28c. Injur Wor	k?	28d. Describe	how injury occurre	ed	
Division	or Attending Phetrer destr. Director: After the lin by the funeral	Certification:	2 Accident Invastigation 3 Suicida 6 Could not b	9		М		Yas 2□No				
Ν	or At	it i	4 ☐ Homicide detarmined	28e. Place of in	ijury - At homa, tc. <i>(Specify)</i>	, farm, street, fac	ctory, office		28t. Location (a City or To	Street and Numbe vn, Stata)	er or Rura	i Routa Number,
_	pital ours eral filled		29a, Cartifier 1/9 Cartifying Ph	vololog. To the best	of multi-	lan don't		no doto (- 1 1				
	To the Hospital or Attanding Physician: Within 24 hours efter deeth. To the Funeral Director: After this certific completely filled in by the funeral director.	edical		ysician: To the best niner: On the basis of and mannar s	of examination.	and/or investigat	tion, in my o	pinion, daath occu	red at the tima,	data and place, a	nd dua to	the ceusa(s)
	o the	M	29b Signature and fitte of certifier				29c. Licans	a number		29d. Dafa signed	(Month,	Day, Year)
	- s - ö		In Rabelle	Trac Gre	an m)	0/3	657		marcha		
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			OT BRABELLE MARC	complated causa of	KESWI	CK, 700	W. 4	OKISTRE	ET, BAL	ITIMAE.	,003	21211
	Sta		31. Data filad (Month, Dey, Year)	32. Ragist	wa Signature	dson Rand	ell					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death March 25, DOROTHY **EMILIE** RIFRMANN 1:45PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Roland Park Place Baltimore N/A 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days Hours 083-20-5722 1 M XX F 94 Yrs June 7, 1903 New York Usual Residence of Decadent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No New York Nassau Port Washington 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 14 Beachway 11050 USA 12. Was Decadent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Raca - American Indian, Black, White, etc. I ☐ Yes 2XXNo If Yes, Giva 1 Never Married 2 Married 1 ☐ Yes 2 🕅 No Specify: Specify: White 3 X Widowed 4 ☐ Divorcad Year or Dates: Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Realtor RealEstate 17. Father's Name (First, Middle, Last) 18. Mothar's Neme (First, Middle, Maiden Surname) Conrad Knoemer Enegattin Bischoff 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Marie E. Swisher GrDt.r 808 Kingston Road Baltimore, Maryland 21212 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) 20a. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Greenmount Cemetery 3/30/98 Baltimore, Maryland 22. Nama and Address of Facility Mitchell-Wiedefeld Home Inc. nus 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6500 York Road Baltimore, Maryland 21212 Approximate Intarval Between Onaet and Death Immadiate Cause (Finel disease or condition resulting in death) Rectal Bleeding 3 Months Due to (or as a consequence of): Rectal Cancer 3 Months Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 3 No 3 Probably 4 Unknown Cardiomyopathy 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1 Yas 2 No

Physician /Medicai Examiner

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

8

2

Funeral

Director

ham 27 is marked other than "natural", or hems 23a or 28a-f show other traumatic event, the Modical Examiner name be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene.
Important: if Nam 27 is marked other than "natural", or Nen any injury or other traumatic event, the Medical Exercise

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

the Meryland

Examine Physician/Medical ò Completed Be

2

Certification:

Medicai

2 peen page 2 s has certificate this funeral After or Attending efter deeth. Director: Aft Mospital of 24 hours e Funeral D pletely

To the within 2 State

Registrar

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 25. Wes case referred to medical axaminer?
1 ☐ Yes XX No 26. Place of Deeth (Check only one) Hospital: Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accidant 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide MACertifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the ceuse(s) end manner as stated.

2 Medicaf Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. License number

D-33897

29d. Date signed (Month, Day, Year)

March 31, 1998

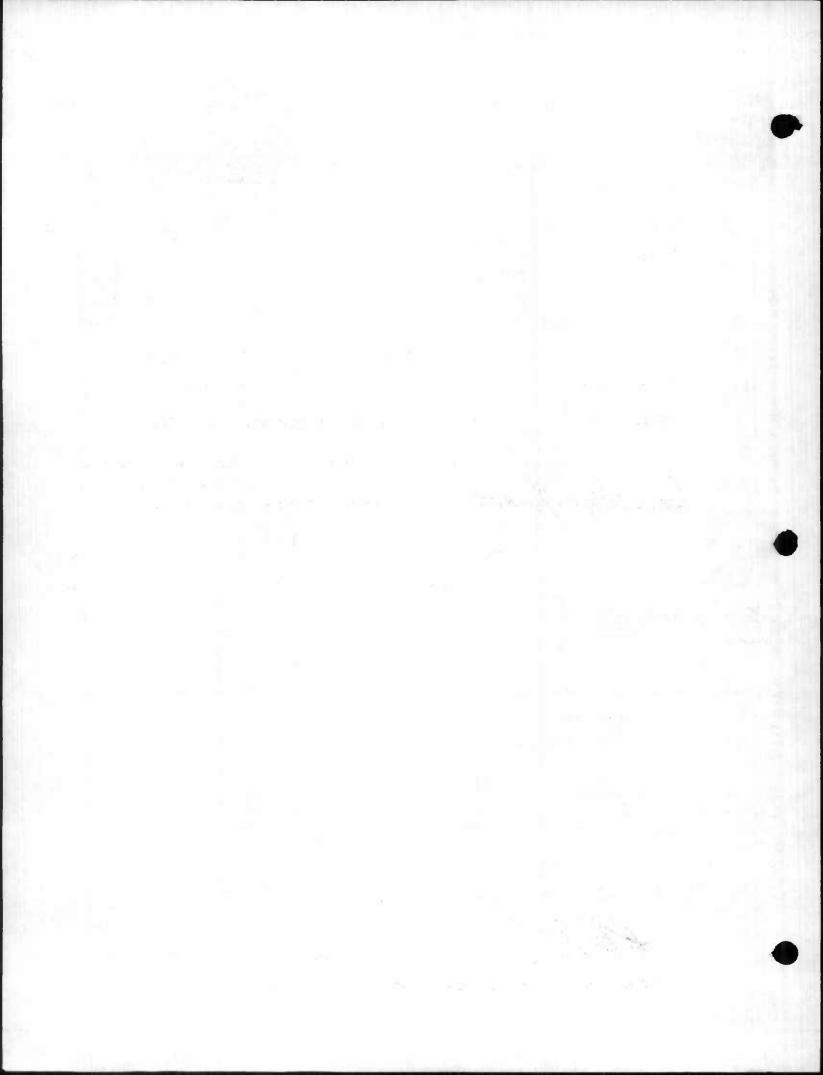
Robert Vissing MD 4300 North Charles Street Baltimore, Maryland 21210

31. Dete filed (Month, Day, Year)

29b. Signature

32. Registrate Signature MAR 31

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dey Yee Physician Alan R. Brooks 2:10 PM March 28 1998 /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 969 Arncliffe Rd Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 18 M 2□ F 212-34-3753 61 Director Oct. 7, 1936 MD Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Meryland rent of Health end Mental Hygiene. not if flem 27 is marked other than "natural", or items 23s or 28s-f show 10c City Town or Location 10d. Inside City Limits 10e Stete 10b County "natural", or items 23a or 28a-f show adical Examiner must be notified at 1 ☐ Yes 2X No MD Baltimore Essex Director 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 969 Arncliffe Rd 21221 USA Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, 11 Maritel Stelus Bleck, White, etc. 1 No lif Yes, Give
Yeer or Dates: 54-55 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed th end Mental Hygiene.
7 is marked other than "natur traumatic event, the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Machinist Beth - Steel 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Rexford Brooks Helen Dunn 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Eileen Brooks 969 Arncliffe Rd /wife Baltimore, MD 21221 or other 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition April 1 1 XBuriel 2 Cremetion 3 Removel from State permit. Page Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 1998 Oak Lawn Cemetery Baltimore, MD 21. Signeture of Funeral Service Licenses 22 Name and Address of Eacility
Connelly Funeral Home of Dundalk 7110 Sollers Point Rd 21222 23a. Pert1. Enter the discrete, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset and Deet) **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical mon Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): Bug Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of) The law requires that the death certificate Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uas contributa to the cause of death? signed by the 1 No 3 Probably 4 Unknown P 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24a. Wes en autopsy Completed director, page 2 s 1 Tyes 2□Mf 1 Yes 2 LN To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, t Be 25. Wes case referred to medical 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Mesidenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated. edical 29a, Certifier (Check only one) 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of cartifier 98 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DRIVE, SUITE 206 BATTY, 40 2128)

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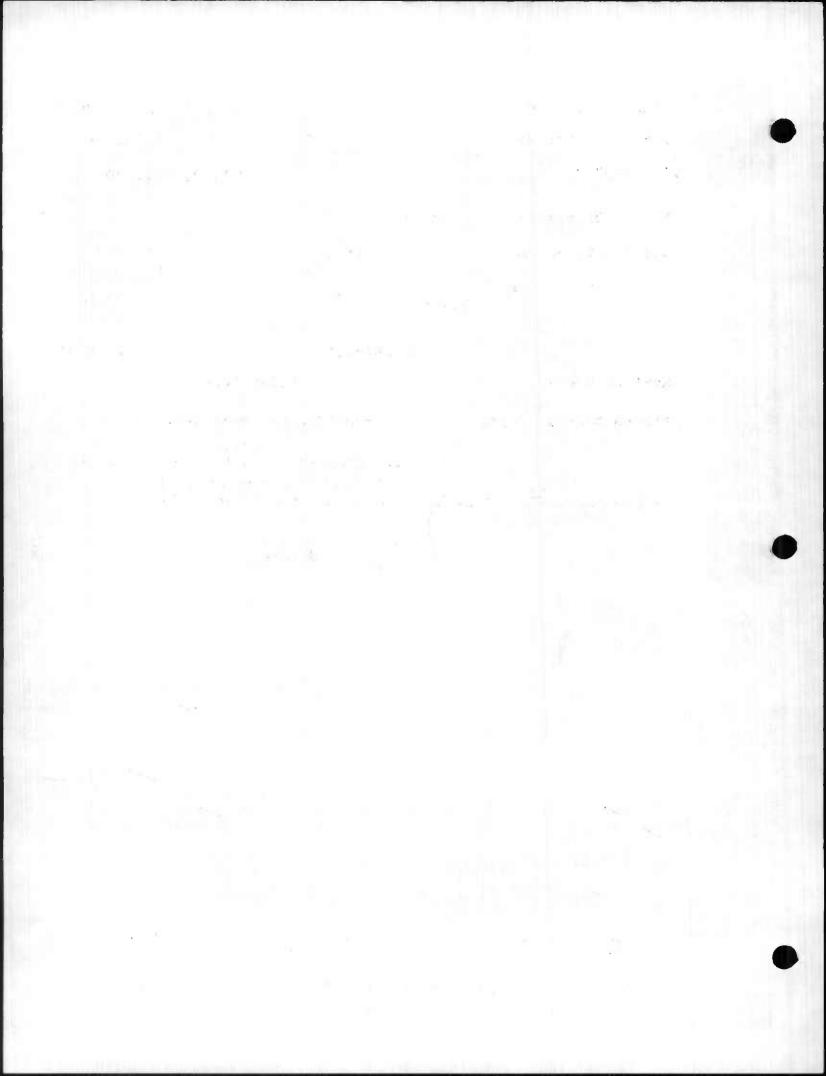
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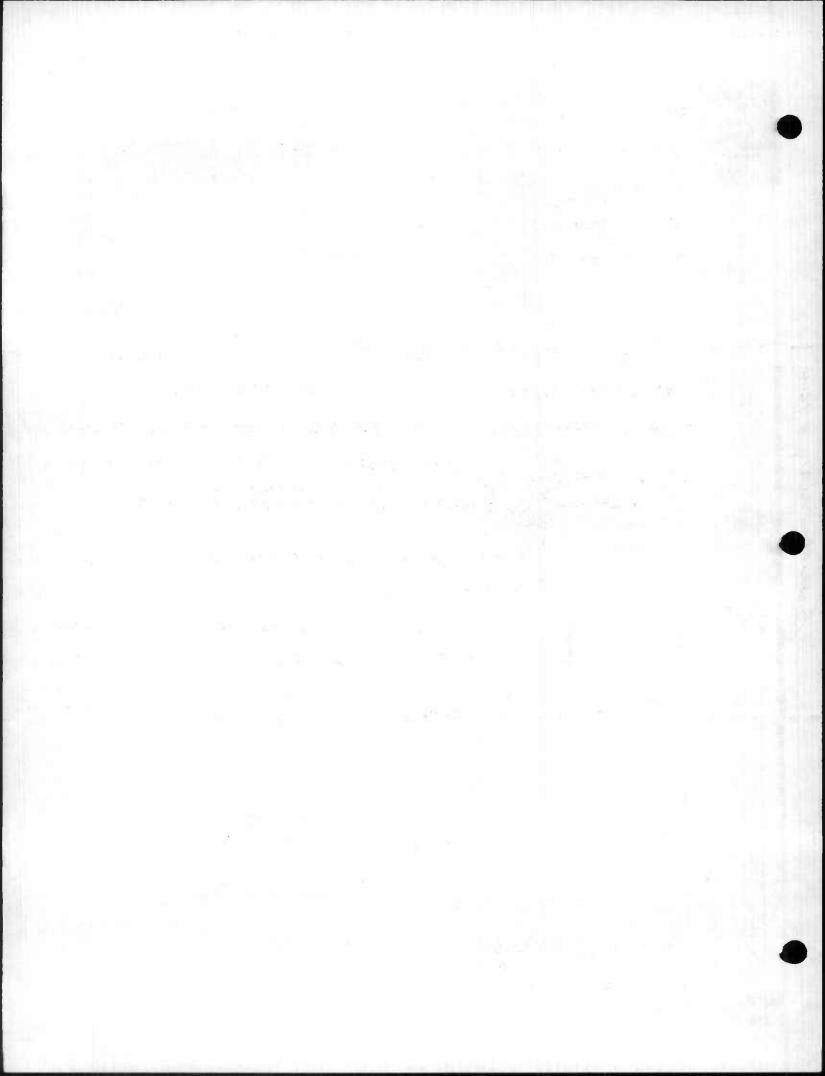
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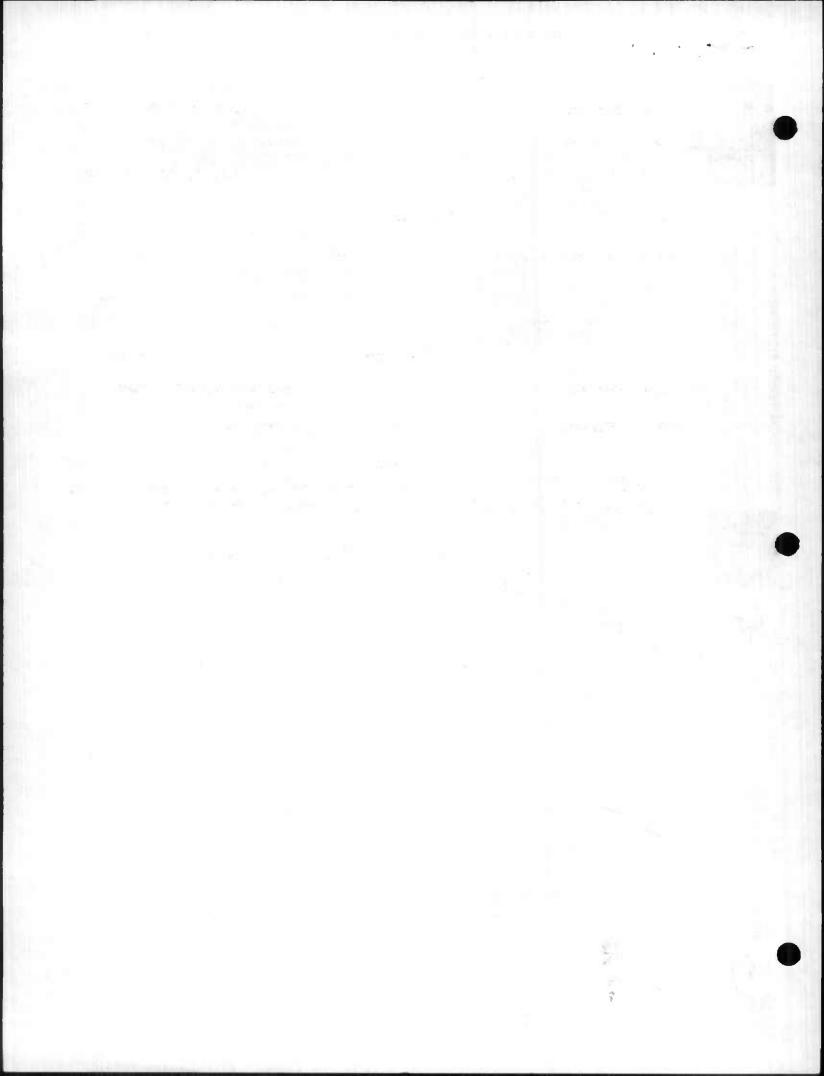
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Physici /Medic Examin	cal	Mary Ellen Bu 4e. Facility Neme (If not institut	skirk							
	ıer		tion, give street end numb	ber)			4b. City, Town, or Lo	March ocation of Deeth	22 / 4c. County	998 0601
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death with the Maryland rms 23s or 28a-f show mast be notified at	tor	MD Wash	ington	Har	ncock					Yes 2□
or 284	Director	10e. Street end Number	THE COLI	144		10f. Zip Code	-	1	log. Citizen of W	That Country?
23s		2 Fulton Stre	et Apt. #3			21750	0		USA	
b # # #	by Funeral	11. Maritel Stetus 1 Never Married 2 M 3 Widowed 4 Divorce	If Yes Give	es? No	If Ye	Decedent of Hes, specify Cub	dispenic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		- American Indlen, k, White, etc.
nd 21215-0020 e filed within 72 hours after al Hygiene other then "natural", or ite	Completed	15. Deced (Specify only high Elementery/Secondery (0-12	ent's Education hest grade completed) College (1-4	lor 5+)	16e. Decedent (Give kind life. DO	's Usuel Occup d of work done NOT use retired	pation during most of work d)	ing	siness/Industry	
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Mal d2sh d2sh th and 7 Is m traum		19e. tnforment's Name/Relatio					and Number or Run			
Baltimore, Misperiit Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other training.		Janice L. Coffi	man/Daughter	20b. Pl	ece of Disposition	on (<i>rvame</i> or		erkeley	Springs 20c. Location - 0	WV 25411 City or Town, Stete
altimore, mit. Pages 1 a partment of He portant: If item y Injury or othe		1 Burlel 2 □ Cremation 4 □ Donetion 5 □ Other	n 3 Removel from Ste	ete	emetery, cremato		,			
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0.0. By the atte	ysic	Pert II. Other algnificant condi-	tiona contributing to deat	_		rlying cause giv	ven in Pert I.			tributa to the cause of dea
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To the Hospital Within 24 hours. To the Funeral completely filled	Medical	29a. Certifier 1 Certify (Check only one) 2 Madtce	ring Phyeician: To the be at Examiner: On the basis	s of exeminetic	rledge, deeth occorn end/or investi	curred et the tin igetion, in my o	ne, dete end pleca, pinlon, deeth occurr	end due to the cred et the time, d	euse(s) and mer ate end plece, e	nner es stated. nd due to the ceuse(s)
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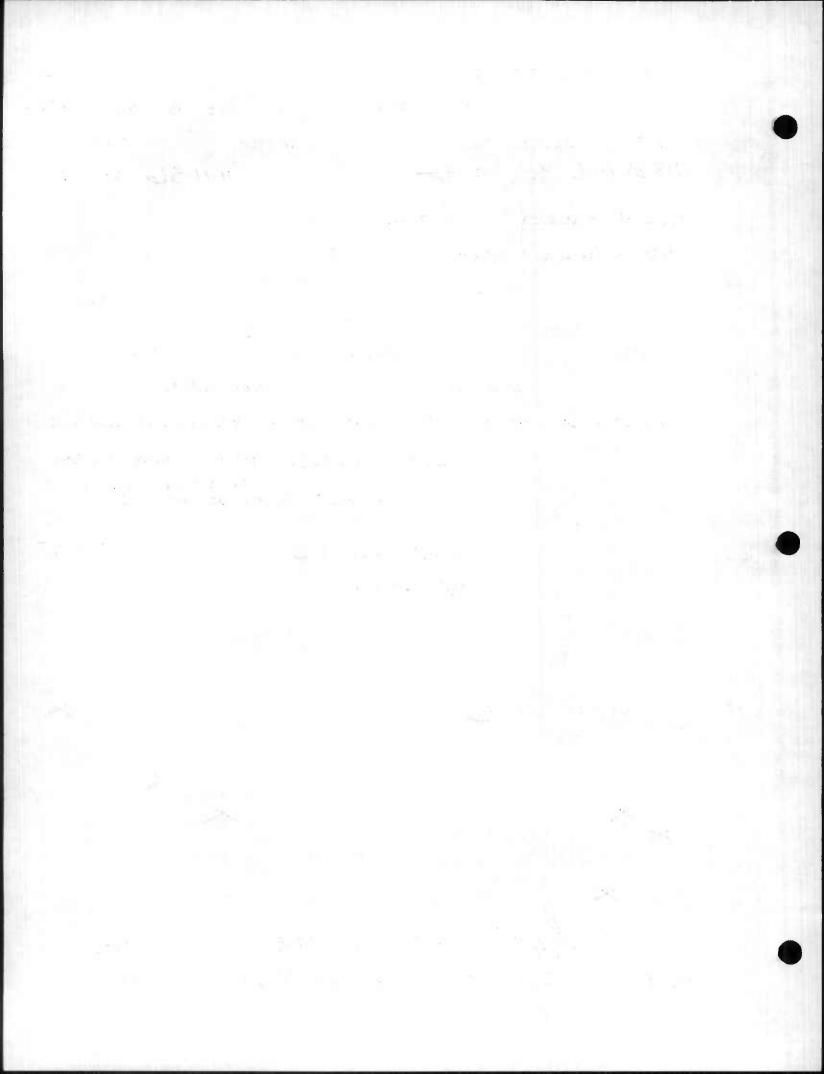
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Physician /Medicai		Musabelle Brown								March 25,		Day Year 1:20		1:20 A.M		
Examiner		a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Hamilton Nursing Center Paltimon							cation of Dea	itn	4c. County of Death N/A					
nerai	ı	5. Social Security Number	6. Sex	ex 7. Age (In yrs. lest birthdey) If Under 1				ar If Under 24 Hr	24 Hrs.	8. Date of B (Month, L	irth		9. Birthpi	9. Birthpiace (State or Foreig		
ector	-	213-05-1096 Usuai Residence of Decedent	1□M :	XF	91	Yrs.	Months	Days	Hours	Min.	Feb. 1	9,	1907	Virgi		
10	- F	10a. State 10b. County			10c. Cli	ty, Town or Lo	cation							10	Od. Inside City Lin	
rector	5	Md. N/A		Baltimore									1 Yes			
al Direc	5	10e. Street and Number		10f. Zip Code						10			0g. Citizen of What Country?			
le ra	8	3939 Roland Avenu											U.S.A.			
by Funeral Director	DA LOUIS	11. Marital Status 1 ☐ Never Married 2 ☐ Mar 3 ☒ Widowed 4 ☐ Divorced	ried 1	iducation College (1-4or 5+) September 20 No if Yes, Give 1			Was Decedent of Hispanic Origin? (Sprif Yes, specify Cuben, Mexicen, Puerlo □ Yes 2√ No Specify:			an? (Spe Puerto I	pecify Yes or No- o Ricen, etc.)		14. Race - American Indian, Black, White, etc. Specify: White			
		15. Deceder	t's Educetion							16		6b. Kind of Business/Industry				
Completed	2	Elementery/Secondery (0-12)	T				(Give kind of work done during most of w life. DO NOT use retired) Housewife		oi workii	rking						
Ö	5	8th 17. Father's Name (First, Middle,	(ant)						18. Mother's Name (First		/Fi Middle	14-7	Own Home			
Be	Š		55.										THE PARTY OF THE P			
2	-	Joel Corbin Onley 19a. Informant's Name/Relations		nint)		19b. Meiling Address (Street en			Virginia Scarborc							
		Ann T. Canfiel	3			12 Fa	rady Dr	ive.	Timir	oum,	Md. 210	193				
To Be C		20e. Method of Disposition	0	20b. Place o			ce of Disposition (Neme of netery, cremetory or other place)			Date		T	20c. Location - City or Town, State			
		1 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		ai from Stati		ton Ceme	tery			3 2	28 –98	1	Hallwoo	od, Vir	ginia	
any Injury or other ti		21. Signature of Funeral Service	0 ()			Bra		htan	-Dabro	wski-	Matthew				Inc.	
ician dical niner		23a. Parti. Enter the disease, or shock, or heart failure. List	complication	is thet ceuse	ed the deat	h. Do not ente	or the mode	ot dying	, such es	cardiac o	r respiretory	errest,	12. 214	CLL	Approximete Interval Between	
		Immediate Cause (Finel disease or condition resulting in death)	e	Chry	Duedo (c	Atre or as a conseq	uence of):	ea tri	A.	Puls	-arh	n	ease	1	Onset and Death	
Examiner		Sequentially list conditions,	D	e. Congestive Heart Farting Due to (or as a consequence of): Due to (or as a consequence of):												
<u></u>		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury	c	· Anaemia												
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sicia		Part II. Other significant condition	ons contributi	s contributing to death but not resulting in the underlying cause given in Pert I.						11	23b. Did tobacco use contributs to the cause of dear					
Physician/Me											1 Yes 2 No 3 Probably 4 Unkno					
Completely filled in by the funeral director, page 2 should be detached for use as Medical Certification: To Be Completed by Physician/Me										<u></u>	24a. Was an autopsy performed? 24b. Were autopsy find available prior to completion of cau of death?			ro autonou findine		
	١.													ilable prior to		
											1	Yes	2 No	-	Yes 2110	
		25. Was cese referred to medica				-			26 Plece	of Death	(Check only		2 LI NO		1168 25110	
		examiner? 1 ☐ Yes 2 ☐ No	Hospita	al:	ient 2 🗆	ER/Outpatien	3□ DOA	Other	p		me 5□Res		e 6 □Oth	er (Specify)	
		7. Manner of Death 1 ☑ Naturel 5 ☑ Pendir		28a. Date of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work?							28d. Describe how injury occurred					
		2 Accident investi 3 Suicide 6 Could 4 Homicide determ	gation not be	M 1 Yes 2 No						28f. Location (Street and Number or Rural Route Number, City or Town, Stete)						
T		29a. Certifier (Check only 2 Medical Examiner: On the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and									e(s) and ma	anner as sta end due to	ated. the ceuse(s)			
dicai Certi		(Uneck only 2 Medical		one) and menner steted.												
Medical Certi		(Check only one) 2 ☐ Medical	aı	TO THOMAS S			29c. l	License	number			29d.	Date signe	d (Month, L	Dey, Year)	
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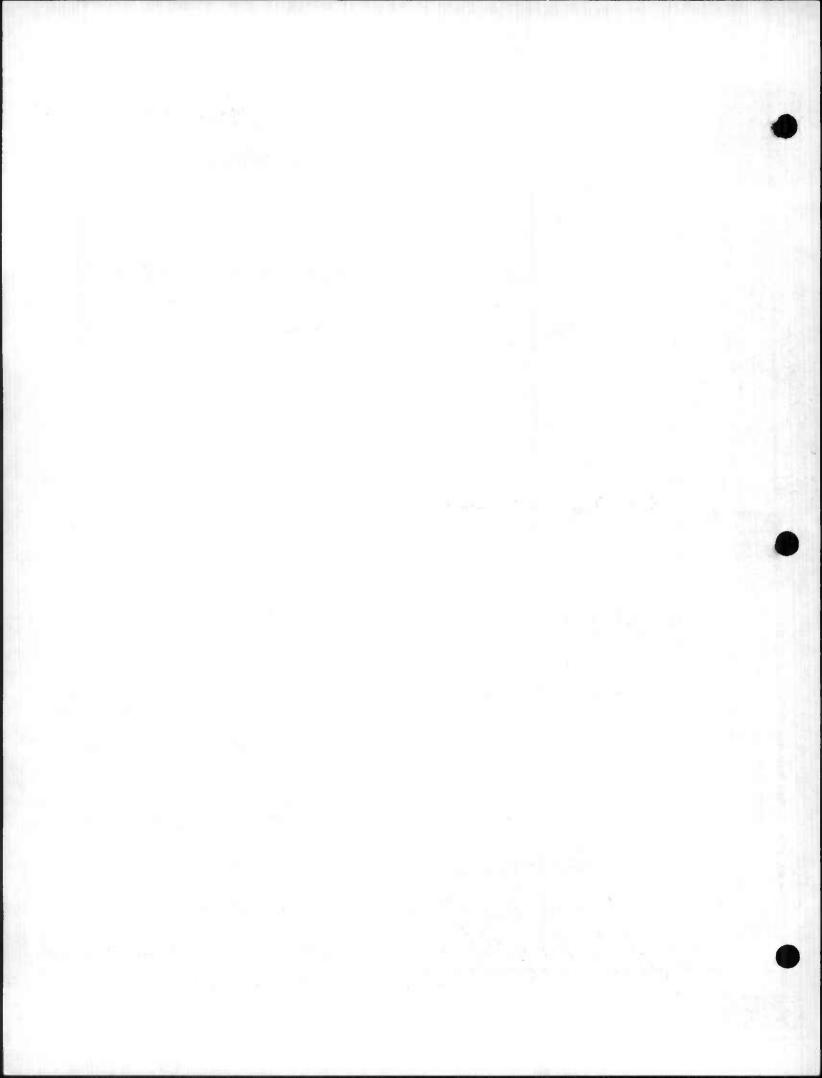
State of Maryland / Department of Health and Mental Hygiene Item: 7, per F.H. G-757 3/31/98 reb Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death **Physician** Month Yaar Richard Cook 3:00 P.M. 25 1998 March /Medicai 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Daeth 4c. County of Death Examiner 1615 Doolittle Road Baltimore Apt. E Baltimore If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 218-70-8516 Yrs. 41 Director Maryland Usual Residence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylei Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel;, or items 23e or 28e-1 show eny follow; or other traumatic event, if a feacest Exertine trust to notified a 28a-f show 1 ☐ Yes 2 No Director Maryland Baltimore Baltimore 10e. Streat and Numbar 10f. Zip Coda 10g Citizan of What Country? 1615 Doolittle Road Apt. 4 21221 U.S. 12. Was Decadant Evar in U,S. Armed Forcas? Raca - American Indien, Black, Whita, atc. Was Decedant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) □Yas 2⊠No Yes, Giva 1 Navar Married 2 Married Saltimore, Maryland 21215-0020 r Yes, Giva Yaar or Data*s*: Specify: P White 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Bustnass/Industry Etamentary/Secondary (0-12) College (1-4or 5+) Disabled N/A 10th 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Thomas Guy Cook Mary Lou King 0 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mary Lou Waller / mother 7020 Bellona Avenue Baltimore, Maryland 21212 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3/27/98 Towson, Maryland Hilltop Service Corp. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 omerouski Part I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Approximata Intervel Betwaen Onset and Death **Physician** /Medical Immediata Causa (Final disaesa or condition resulting in deeth) Examiner buriel-transi Sequantially list conditions, if any, taading to immediata causa. Entar Underlying Ceuse (Diseesa or tnjury that initietad avants rasulting in daath) Last pue physician s the buriel Box 68760, Physician/Medical Dua to (or as e consaguança of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Tolknown P 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy parformad? Completed peen has certificate 1 Yas 1 Yas 2 No Hospital or Attending Physician: 25. Was casa rafarrad to medical axaminer? Be 26. Place of Death (Check only ona) 1 Yas 2 No Hospital: 2 1 tnpatiant 2 ER/Outpatiant 3 DOA this 28a. Data of injury (Month, Day Year) 27. Manner of Daath 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: After 1 Insturat 5 Pending efter death. Director: Af 1 Yas 2 No 2 Accident invastigation 6 Could not be datarmined 3 Suicida 28a. Ptaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida • Funeral Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated

| Medical Examples: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the 29a. Certifier Medical (Check only one) inar: On the basis of axamination and/or invastigation, in my opinton, death occurred at the time, date and pteca, end due to the cause(s) and mannar stated. To the P 29b. Signatura and titla of certifian 29c. Licanse numbar 29d. Dete signed (Month, Dey, Yeer) 30. Nama and address of parson who completed cause of deeth (Item 23e) (Type, Print) Baltimore Hopking CIPCIP Byvan 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State MAR 31 1998 Julia Davidson-Randalle Registrar

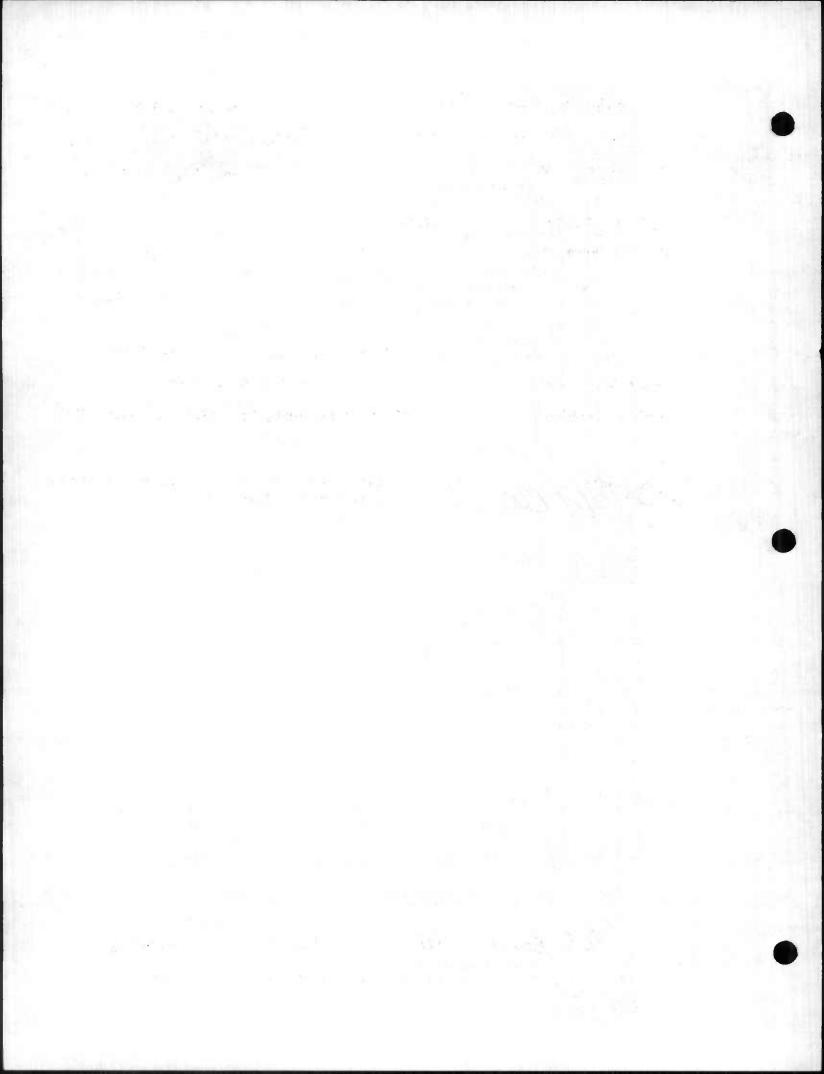


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neral ector			M 20 F		Yrs. Month		s Min. 8. Dete	e of Birth nth, Day, Year) L-14-193/	9. Birthplece Country	(State or Foreign		
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rector	5	Md	IA	Baly	mor	e				Yes 2 No		
Funeral Director		10e. Street end Number 390 6 Ford			10f. i	Zip Code Z/2/5		10g. Citizen of	What Country?			
by	5	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 No. 16 If Yee, Give Year or Dates:		in U.S. 13. Was Decedent of Hispanic Origin Yes, specify Cuban, Mexican 1 Yes 2 No Specify:				14. Rece - American Indian, Black, White, etc. Specify: Black			
Completed	3	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a.	Decedent's U	suel Occupation	ost of working		lusiness/indust	y,		
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				State of Maryla		artment of I rtificate of			giene 9 { Reg. No.	3 0	9861	
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	Examir		4a. Facility Name (If not institution, given 30 3 5)	many S	NI		4b. City, Town, or Lo	cation of Deeth	4c. County		USA	
	Funeral Director		579-32-8378	Sex 7. Age (In yrs 70	s. last birthday) Yrs.	If Un er 1 Yer Months Deya	If Under 24 Hrs. Houra Min.	8. Dete of Bird (Month, De Sept 2	th y. Year) 29, 1927	9. Birthp Cour III	olece (Stete or Foreign ntry) inois	
with the Maryland	Be-f show diffed at	ctor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Harfor		City, Town or Lo					1	0d. Inside City Limits 1 Yes 2 No	
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5-0020 72 hours after deat	ar, or Herns 23a or 28a-f show Examiner must be notified at	by Funeral	11. Maritel Stetua 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 [X]Yes 2 [No If Yes, Give Yeer or Detes: 1946]		Wes Decedent of I It Yes, specify Cub 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Spe een, Mexican, Puerto I Specify:	Rican, etc.) Bleck		e - Americ ck, White, v: White		
Maryland 21215-0020 d 2 should be filed within 72 hours at	iene. Than "neturi the Medical I	Completed	15. Decedent's E (Specify only highest gri Elementary/Secondery (0-12) 1.2	ducation	16a. Dece (Give life.	dent's Usual Occu kind of work done DO NOT use retire	pation during most of workind)	ng	16b. Kind of Bueiness/Industry High School			
rland i	Aental Hyg rkad other tic event,	To Be C	17. Fether's Neme (First, Middle, Last Merle Edward Co)				ere Neme (First, Middle, Meiden Sumame) lred Erva Smith				
	atth and N 27 is ma ar traums		19a. tntormant'a Neme/Reletionship (Ruth R. Cobb/w			Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 03 St. Marys Road, Pylesville, Maryland 211						
Baltimore,	unt: If Hern ary or oth		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☒ Donetion 5 ☐ Other (Special	Removel from Stete	Plece of Dispo cemetery, cre	osition (Neme of metory or other ple	осе)	Dete	20c. Location	City or To	wn, Stete	
Balt	Departi Imports any inj once.		21. Signature of Funeral Service Lice ROPALOS.	wade Director	1		ess of Fecility Boar atomy Boar Marylan			.more	Street	
8760, ate be executed Tall	ysician and physician and se the butter-transit	Medical Examiner	Immediate Cause (Finel disease, or complete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	e. HYPOTEM Due to Due to	9	(S/toC) quenca ot): ATRSP/ quenca of):				nmi	Approximate Interval Between Onset end Deeth UKR.	
O. Box 6: the death certific	the ettending ;	Physician/Me	Pert II. Other significant conditions of	contributing to death but not re	suiting in the u	nderlying cause gi	ven in Pert I.	23b. Did 1	tobacco use co	ntribute to	o the cause of death?	
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al Re	certificate hes rector, page 2							10			Yes 2□ No	
of Vita	<u>∞</u> 0	To Be	25. Wes case reterred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outpetie	nt 3 DOA Ot	26. Plece of Deeth her: 4 ☐ Nursing Hor			er (Specif	y)	
E 5	deatn. ctor: After th y the funeral	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigatio 3 Sulcide 6 Could not b	me 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number,								
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			30. Neme and entress of person who	completed cause of deeth (Ite	om 23a) (Type,	Print)	LUTHEAVILL	e mo	21093	<i>U</i> 9		
	Sta Registr		31. Dete filed (Month, Dey, Year) MAR 3 1 1998	32. Registrar's Sign								



Physician /Medical **Examiner Funeral**

the Maryland Pages 1 and 2 should be filed within 72 hours after death with the Manylan nent of Health and Mental hygiene. Int: if them 27 is marked other than "natural", or fierra 23a or 28a-f show any or other traumatic event, the Medical Executer must be notified at Important: If Item 27 Is any injury or other tra once.

JOINAN HUMAR

Physician /Medical Examiner Division of Vital Records, P.O. Box 68760, š s certificate has t lifector, page 2 s 100 a de ъ

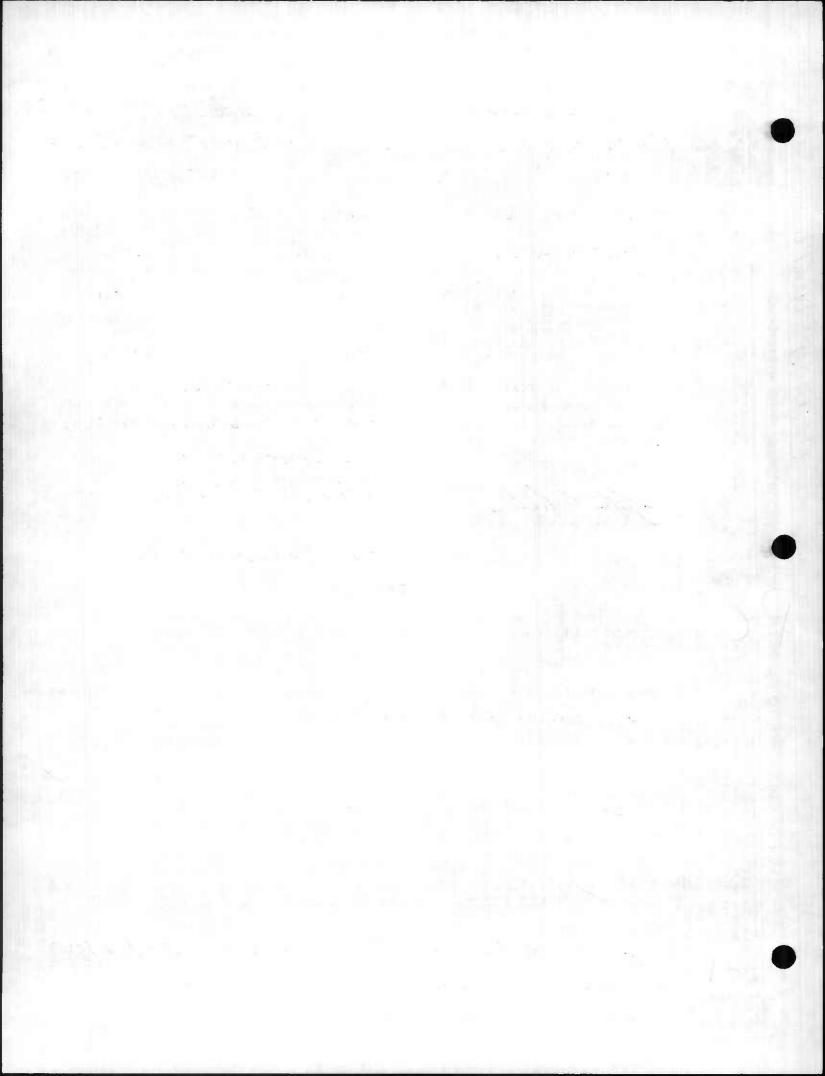
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth 7:150n Howard A. Colman 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Death HUNDER 24 Hrs. 8. Dete of Bir HRUNDEL A, COUNTY If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Days Hours 12 M 2□ F **Vrs** Director 218-18-5181 Maryland 72 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel Pasadena 1 ☐ Yes 2X No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7875 Kings Arm Ct. 21122 U.S.A. Funeral 14. Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ⊠Yes 2 □ No WWII If Yes, Give Yeer or Detes: 1 Never Married 2 Merried Specify: White 1 ☐ Yes 2 2 No Specify: Aq 3 Nidowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Sales Person Uniform Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Carroll C. Colman Bessie M. Little OL 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19 Chalmers Ave. Glen Burnie, Maryland 21061 Scott A. Colman Son 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Cedar Hill Cemetery April 1,1998 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee McCully-Polyniak Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 Collene 23e. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and or heart failure. List only one ceuse on each line. Onset end Death Immediate Cause (Finel disease or condition resulting in death) Examine Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes an eutopsy parformed? Completed 1 ☐ Yes 2 Z No 1 Yes 2 No 25. Was cese referred to medicel examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 20 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, lactory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certiled 29c. License number 30. Name and address of parson who completed cause of deeth (Item 23a) (Type, Print) RI OKKWOOD Burne 31. Dete liled (Month, Dey, Year) 32. Begistrer's Signeture lia Davidson Registrar

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ?

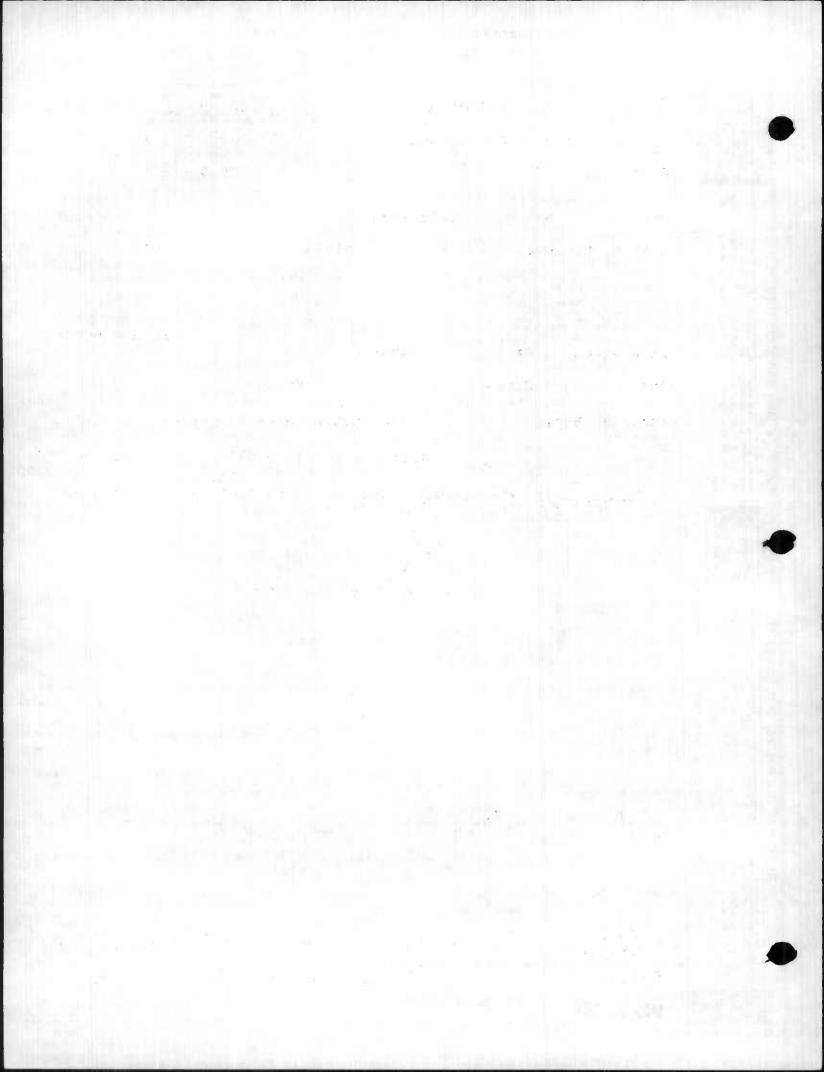
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State of Maryland / Department of Health and Mental Hygiene 09863 Certificate of Death

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tor		NA	Balti					10d. Inside City Limits 1				
Director	10e. Street and Number 1527 N. Broa	dway		10f. Zip	Coda 2121	3			10g. Citizen of What Country? USA			
by Funeral Director	11. Marital Status ***Never Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant 6 Armed Forces?	Evar In U,S.	13. Was Deceiff Yas, spe	dant of H cify Cube			ecify Yas or No Rican, atc.)		ce - Amarican In ck, Whita, atc.		
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once.	4 Donation 5 Other (Spe		Bal	timore			-	4-01-9		ltimore	0100	
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Physician/Medical Examiner	diseasa or condition resulting in death) Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Diseasa or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions	c	Dua to (or as a	consequence of):	20)				tobacco uae cc	ontribute to the	cause of death?	
by Physician/Medical Examiner	diseasa or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Part II. Other significant conditions	c	Dua to (or as a	consequence of):	20)			1 🗆		3 Probably 24b. Wara a evellebi	4 Unknown	
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edical Certification: To Be Completed by Physician/Medical Examiner	diseasa or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical axaminer? 1 Yes 2 No 27. Mannar of Deeth 1 Naturel 5 Panding invastigal invastigal invastigal determine 2 Accident 3 Suicide 6 Could not determine 29a. Certifier 1 Certifying	Hospitel: 1 Inpatia 28a. Data of Injurition to be 28e. Placa of Injurition	Dua to (or as a Dua to (or as a ut not rasulting i ut not rasulting i 2 ER/O ry Year) 28b. ury - At homa, fi	consequence of): consequence of): consequence of): consequence of): in the underlying of in the underlying of Ima of Injury M arm, streat, factor e, death occurred	causa glv	26. Place 1ar: 4 □ Nu ry at rk? Yas 2 □	a of Deatursing Ho	24e. West perful to the (Check only oma 5 Ras 28d. Describe 28f. Location City or To and due to the	Yas 2 No s an autopsy ormed? Yas 2 No one) idence 6 Ott how Injury occu (Street and Num wm, Stata)	24b. Wara a evelleble comple of death 1	utopsy findings e prior to toton of cause 1? s 2 No	
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death per DVR G757 3/31/98 EW 3 Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month William Merrill Clark 1998 March 8:15 AM 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) 1121 Overbrook Road Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. March 20 1921 New York 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 10€M 2□ F Yrs. 058-12-2830 77 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1121 Overbrook Road 21239 United States 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 14. Rece - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 1 Never Married 2 Married 1 Yes 2 No Specify. 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Electrical Engineer Aerospace 4 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Anna Melinda Merrill Lewis Morgan Clark 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ellen Louise Clark/Wife 1121 Overbrook Road Baltimore, MD 21239 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, Stete 1 Burial 2 ACremetion 3 Removal from State 3-28-98 Greenmount Crematory Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Mitchell-Wiedefeld Home, Inc. Bittle Teven 1 6500 York Road Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 1 Yes 2 No 2 ER/Outpatient 3 DOA 5 Residence 8 Other (Specify) 27. Manner of Dea 28a. Dete of tnjury (Month, Day Year) 28d. Describe how injury occurred 28c. tnjury at Work? 5 Pending investigation 1 Neturel 2 Accident

use es signed by the e peen

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
This if items 27 le marked other than "natural", or items 23, and other traumatic avent, an Medical Essistent matury or other traumatic avent, and Medical Essistent mature.

Important: If ite any injury or oth once.

. Physician

/Medical Examiner

altimore, Maryland 21215-0020

Directo

Funeral

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certificate has page this After

Physician/Medical Examine by Completed Be To Certification: the

DivIsion of Vital Records, P.O. Box 68760, The law Physician: Attanding r death. after death filled in by ò

Hospital 24 hours within 2

State Registrar

30. Name and address of person who completed cause of beath (Item 23a) (Type, Print) Joanna B. Tyzack, 31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

3 ☐ Suicide

29a. Certifier

edical

4 Homicide

(Check only one)

6 Could not be determined

32. Registrar's Signature MAR 3 1 1998

M.D.

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

6565 N. Charles Street Suite 411 Towson, MD 21204 Julia Davidson-Randelle

2 🗆 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

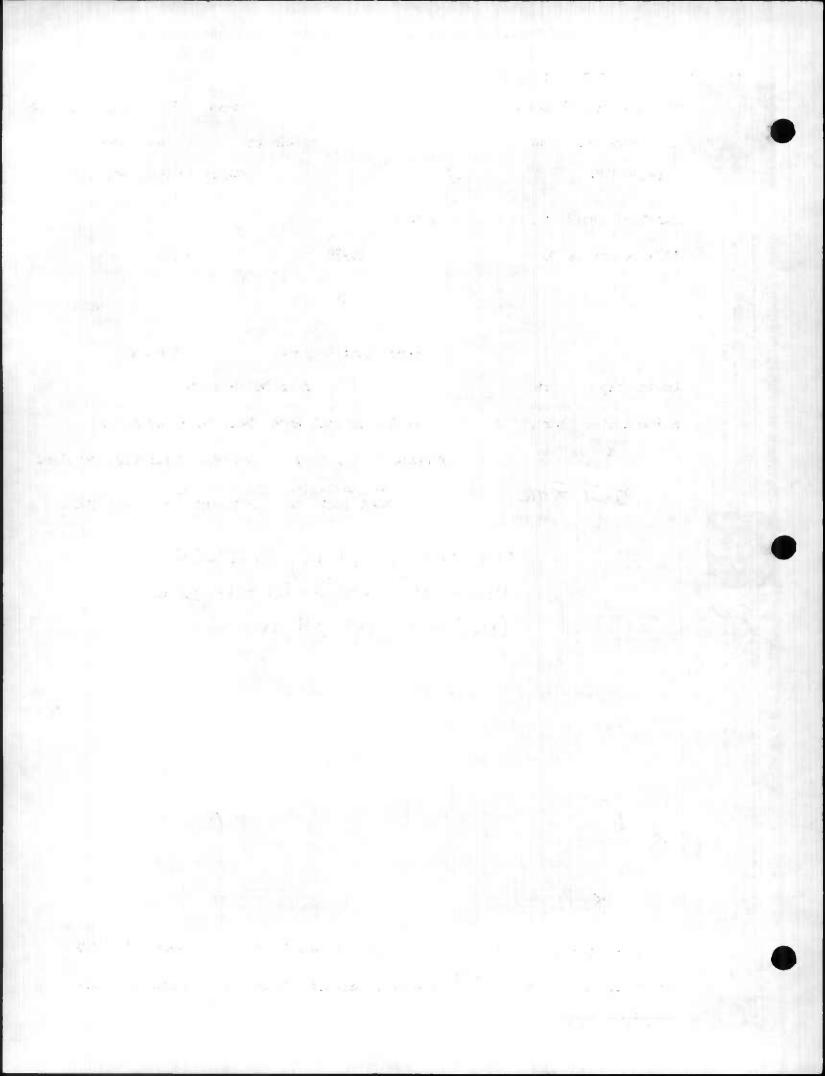
29d. Dete signed (Month, Day, Year)

March 27, 1998

1 ☐ Yes

Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month ESME CHINNON 21-20 MARCH 1998 18 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Union Memorial Hospital Baltimore If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1□ M 2□F Deys Hours 071-50-8702 62 Yrs. July 7, 1935 Trinidad Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits n/a Baltimore Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 501 Dolphin Street Apt. 10 21217 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes all No Specify: Black 3 Widowed 4 Divorced 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry unknown Elementery/Secondary (0-12) College (1-4or 5+) Domestic Worker 8th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Phillip Ragoo Catherine 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 304 Woodworth Avenue Yonkers, N. y. 10701 religine K. Best 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Duriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Dunetion 5 ☐ Other (Specify) Woodlawn Cemetery March 21 Baltimore, Md. 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 21. Signature of Feneral Service Licensee 2501 Gwynns Falls PKWY Baltimore, Md. unce Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feliure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final Encephalopathy disease or condition resulting in death) Cardiac arrhy thursias Due to (or es e consequence 64): Due to (or es e consequence of) Pert il. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were eutopsy findings aveilable prior to 24e. Wes en eutopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Examiner

Physician/Medical

þ

Completed

Certification:

Medical

4 Homicide

29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year)
MAR 3 1 1998

certificate

를

Funeral

To the Hor within 24 h To the Fur

Physician

/Medical

Examiner

10e Stete

Md.

Director

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Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinat must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Magical Exerci-

Baltimore, Maryland 21215-0020

death with the Maryland

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest

1 Yes 2 No 25. Wes case referred to medical exeminer?
1 ☐ Yes 2 ☑ No 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide

28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

29a. Certifier (Check only one)

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) end menner as steted.
2 Medical Exeminer: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner stated. 29c. License number

xmaan wann)

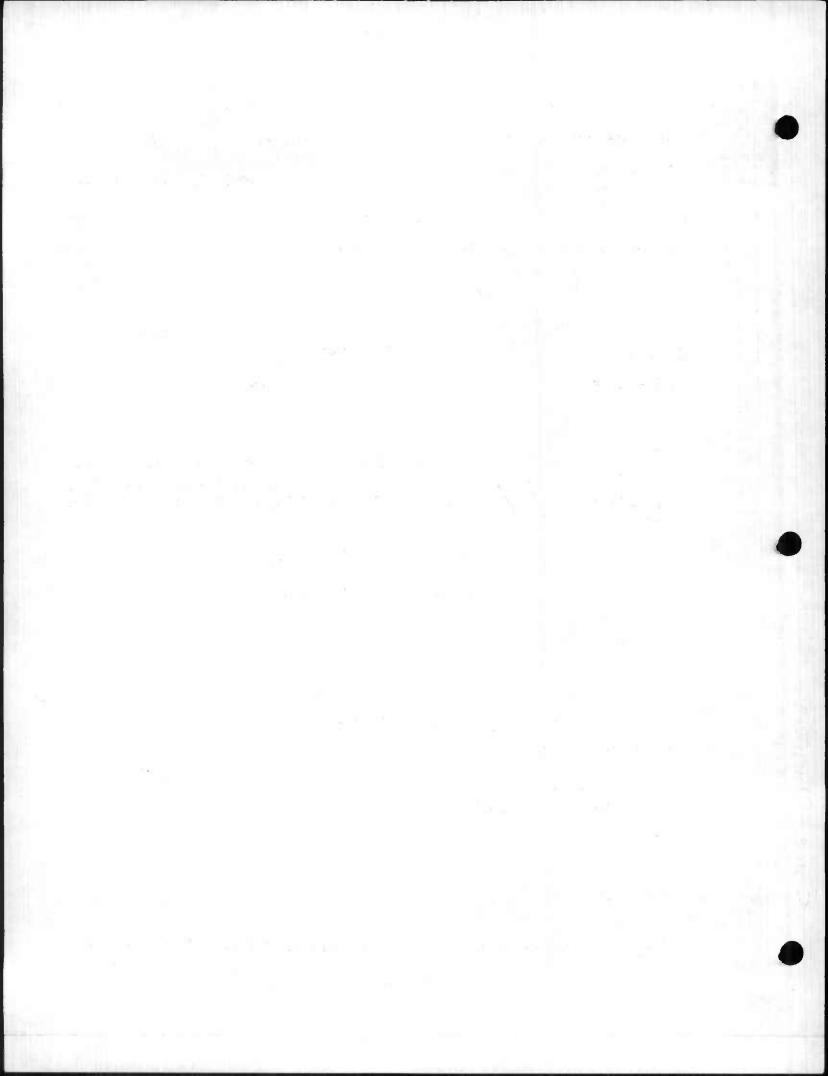
29d. Date signed (Month, Day, Year) AT 243 89 46 C 12 MARCH 18, 1998

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) HUSAM SEMAAN, M.O.

201 E. UNIVERSITY PKWY BALTIMORE, MD 21218

State Registrar

UNION MEMORIAL HOSPITAL 32. Registrar's Signature



EUGENE COST

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental	Hygiene
Certificate of Death	Reg. No. 9 8

Physician /Medical Examiner	

Eugene Williams Cost Jr.

1. Decedent's Neme (First, Middle, Last)

MARCH

2. Date of Death

Month

3. Tima of Death Vaar 23, 1998 0244 AM

Subject was shot 281. Location (Street and Number or Rural Routa Number, City or Town, State) 2772 W. North Ave,

29d. Date signed (Month, Dey, Year)

MARCH 23, 1998

Funeral Director

death

r than "natural", or items 23s or 28s-f show the Modical Exercises must be notified at

filed within 72 hours after altimore, Maryland 21215-0020 and Mental Hygin and Mental Hygin and Mental Hygin are marked other traumatic event, off. Pages 1 and 2 sho Department of Health -important if the any injury -

Physician /Medical Examiner

end R-transit 98 950 page 2 s certificate has

P.O. Box 68760 Division of Vital Records, or Attending Physician: this funeral s after death. filled in by Hospital 24 hours completely To the Vithin 2

4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number)
UNIVERSITY HOSPITAL S.T.U 4c. County of Death BALTIMORE n/a 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Birthplace (Steta or Foreign Country) Months Days Hours XXM 2□F 217867853 21 Yes Sept. 25, 1976 Md. Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. n/a Baltimore NOWes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 317 Font Hill Avenue 21223 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 ☐ Yas StNo If Yes, Give 1 Nevar Marriad 2 ☐ Married 1 ☐ Yes \$ No Specify: Specify: Black à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) n/a n/a 10th grade 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Eugene Williams Cost Sr. Regina Gladys Gardner 19a. Informant's Name/Relationship (Type, Print) grandmother Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Delores Gardner 812 N. Fulton Avenue Baltimore, Md. 21217 20b. Place of Disposition (Name of camatery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) March 28 Randallstown, Md. King Memorial Park 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 unce Furth Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Onsel and Death Immediate Cause (Final disease or condition resulting in death) Multiple Gunshot wounds Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evelleble prior to complation of cause of death? 24a. Was an autopsy performed? Completed 1. Yes 2 No 1 Yas 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) XXYes 2 No Hospital: 1 ☐ Inpatient 2 XX R/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) OL 28d. Describe how Injury occurred 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ₺ No

State Registrar

Medical

Stephen S. 10
31. Date filed (Manth, Day Year)
MAR 3 1 1998

2 Accident

3 ☐ Sulcida

29a. Certifier

4 Homicide

(Check only one)

29b. Signatura and titla of certifier

investigation

6 ☐ Could not be

Radentz 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature wha Davidson

0202

Side wall Baltimore City, Maryland

29c. License number

O.C.M.E

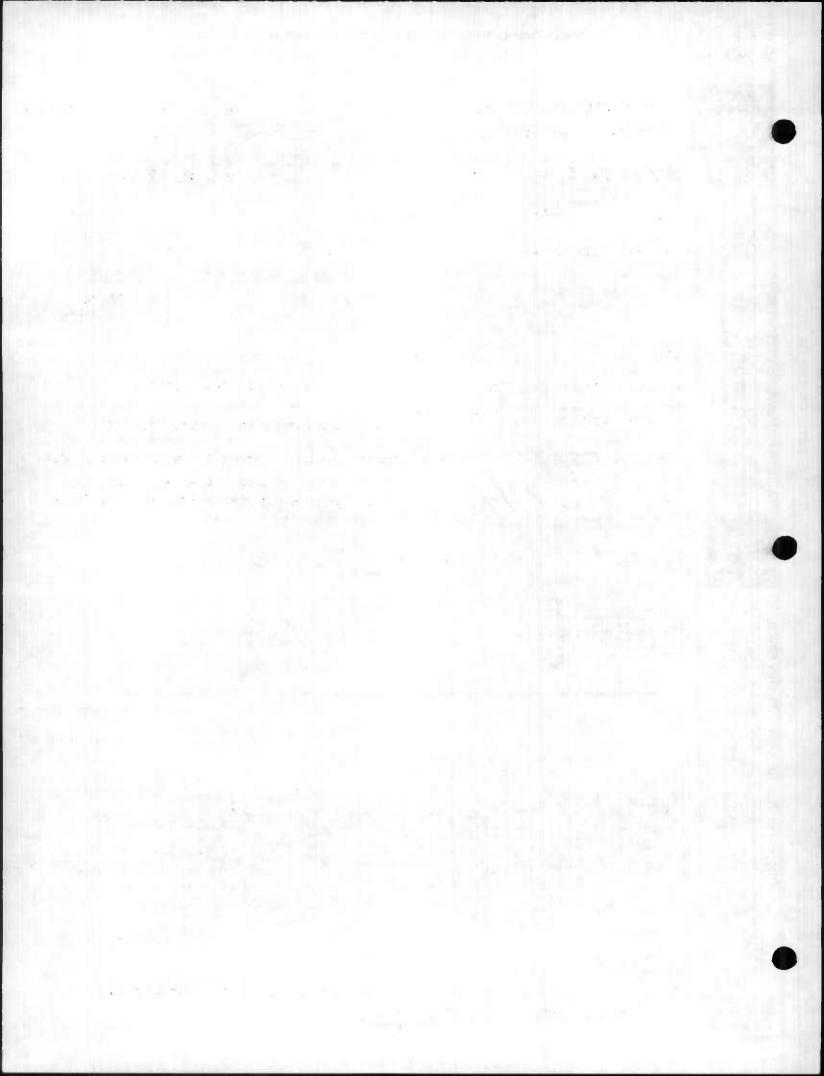
XIX Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify)

3-23-98

30. Name and address of person who completed cause of deeth (Item 239) (Type, Print)

DHMH 16 Rev 6/95



Mentandotte

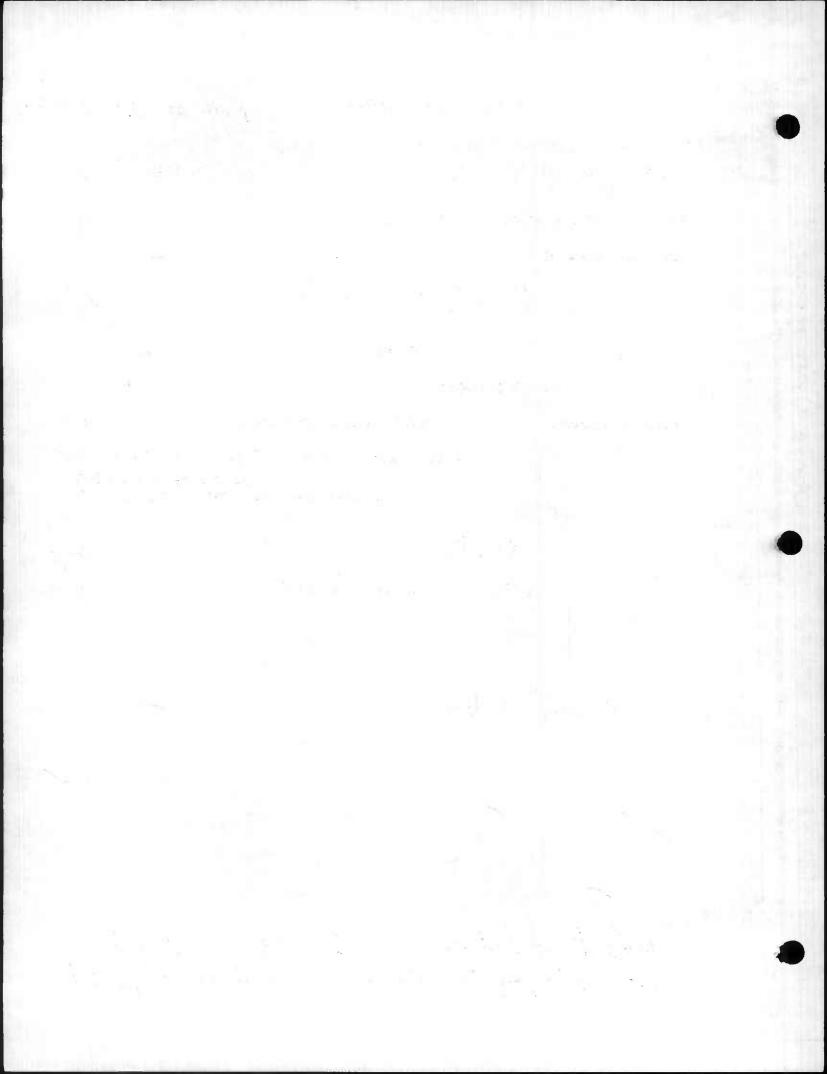
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dante Joseph DellaNoce March 25 /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give streat and number) If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Y Jan. 19, 4c. County of Death Examiner ndel Ar Hospites Anne Arundel 9. Birthpleca (Stete or Foraign Country) Maryland 5. Sociel Security Number 7. Age (In yrs. lest birthday) Funeral 1**X** M 2□ F 215 28 3976 Director 68 1930 Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show I is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Medical Examinar must be notified at 1 ☐ Yes 2X No Anne Arundel Directo Maryland Pasadena 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 100 Homeland Road 21122 U.S. Funeral 12. Wes Decadant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 12 Yes 2 No Korean If Yes, Give Year or Dates: Conflict 1 Never Married 2 Married "natural", or 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decadent's Education (Specify only highast grede completed) 16e. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Chauffeur Taxi permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygien Important: If Item 27 is marked other th any injury or other traumatic event 12th 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Joseph DellaNoce Emma DiFlavia 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Pasadena, Maryland 21122 Katherine Holmes 8667 Ft. Smallwood Road 20b. Place of Disposition (Name of cemetery, crametory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑Cremation 3 ☐Removel from State 3/30/98 Towson, Maryland Hilltop Service Corp. 4 ☐ Donation 5 ☐ Other (Specify) re of Funeral Service Licenses 22. Name end Address of Fecility Gonce Funeral Home P.A. 1 4001 Ritchie Highway Baltim and the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrast, the artificial unit only one cause on each line. Baltimore, Md. 21225 Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Examiner Klaa burial-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest end Due to (or es e consequence of) physician of the burial Box 68760. Physician/Medicai Due to (or as a consequenca of): use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. the signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveileble prior to completion of causa of deeth? 24e. Was en eutopsy performed? Completed peen page 2 nes certificate 1 ☐ Yes 20 No 1 Yes 2 ELN Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Impatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 1 DNaturel 28e. Date of Injury (Month, Dev Yeer) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? After 5 Pending Investigation atter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 2 4 Homicide 1 🗜 certifying Physician: To the best of my knowledge, death occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted. 29a. Certifier Medicai 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) menner stated. 29b. Signature and 29c. License number 29d. Dete signed (Month, Dey, Year) 0 (Item 23e) (Type, Print) 32 Registrer's Signature State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

DHMH 16 Rev 6/95

Registrar

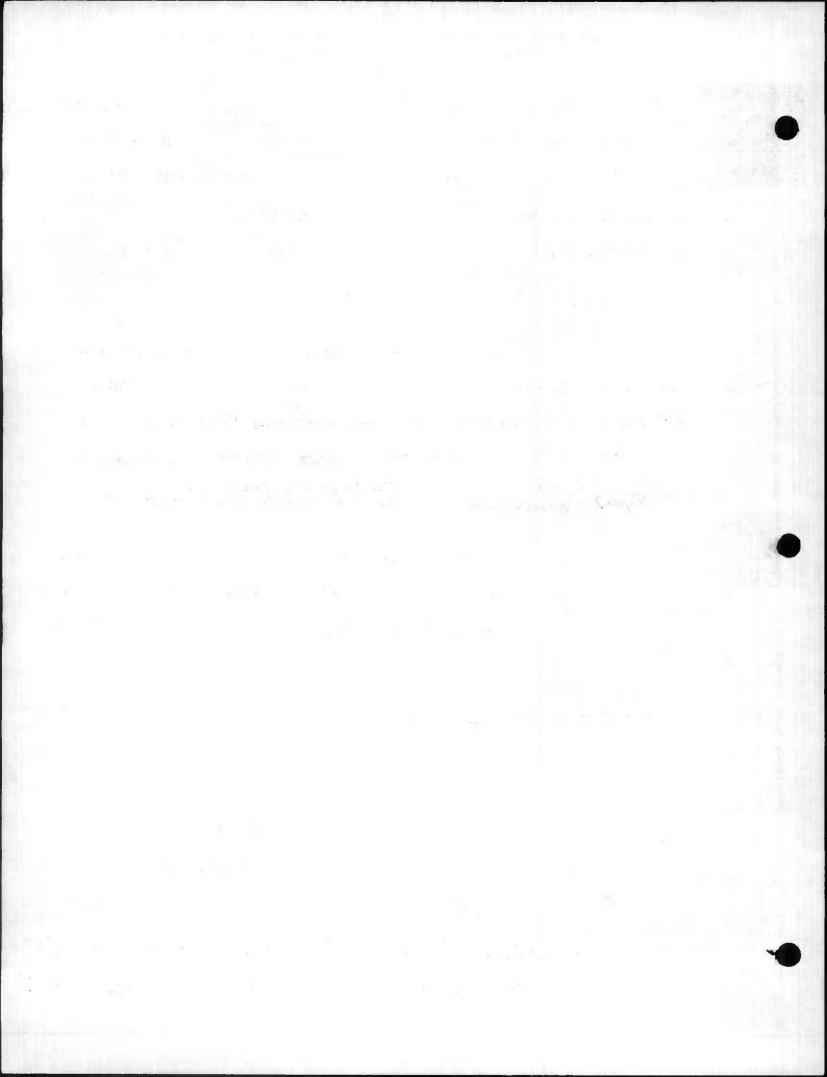


State of Maryland / Department of Health and Mental Hygiene \(\Omega \)

						tificate of	Death		Reg. No.	090	000		
	Physic /Medi			GHERTY	, Ja			2. Date of De Month	Day	Vana	Time of Deeth		
	Exami		4a. Facility Nama (If not institution, give Golden Oaks Nursi				4b. City, Town, or Lo	ocation of Death					
ı	Funeral Director		Social Security Number 6. Security Number		rs. last birthday) 1 Yrs.	If Under 1 Yea Months Days	r If Under 24 Hrs.	8. Dete of Bird (Month, De May 28	th y, Year)	9. Birthplace (Country) Texas	Jes (State or Foraign		
	pur * .		Usual Residence of Decedent 10e. Stete 10b. County	100	City, Town or Lo	cation				tod In	side City Limits		
	Menylan of show	tor	Maryland Prince G		,,		ew Carroll	.ton			☐ Yes 2 No		
	death with the Meryland	Funeral Director	10e. Street and Number 7314 Oakcrest Dr.		_	10f. Zip Code	20784		10g. Citizen of Whet C United St		3		
21215-0020	or Ite	by	11. Maritat Status 1 ☐ Naver Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Ever in Armed Forces? 1 X Yes 2 □ No If Yes, Give Yaer or Datas:		Vas Dacedent of I Yes, specify Cu I ☐ Yes 2 X No	Hispenic Origin? (Sp. ban, Maxican, Puerto Specify:	ecify Yas or No Rican, etc.)	- 14. Red Bled Specify	e - American Inc ck, White, etc. Whit			
15-0	72 hours natural,	Completed	15. Decedent's Ed (Specify only highest great	ucation de com <i>pleted)</i>	18e. Deced	ent's Usual Occu	upation e during most of work ed)	ing	16b. Kind of B	usiness/Industry			
2121	within ena. than	отрі	Elementery/Secondary (0-12)	College (1-4or 5+) 5+		oo NOT use retir ceanogra			Federal	1 Government			
Maryland 2	ould be filed Mentel Hygi erked other	To Be Co	17. Father's Name (First, Middle, Last) F. M. Daugherty,			,ouog2 u	18. Mother's Name	e (First, Middle,			inciro		
	nd 2 sh sith end 27 is m r traum			Da. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, 2 2088 Misty Meadow Rd., Finksburg, MD									
Baltimore,	mit. Pages 1 and partment of Haalt cortant: If Item 2: 'Injury or other		20e. Method of Disposition 1 ☐ Buriat 2 🛣 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Terrioval from State	reen Mou	sition (Neme of netory or other pl unt Crem	atory 3/3	Date 31/98	Balti	city or Town, S			
Balt	permit. Pa Departmen Important: any Injury		21. Signeture of Funeral Service Licen	man	CA 87	Name and Add FA Step 17 Gree	ress of Facility hen D. Loh n Pastures	rmann H	P.A. Baltimor	e, MD	21286		
	Physician		23a. Part1. Enter the disaasa, or comp shock, or heart failure. List only of		eath. Do not ente	er the mode of dy	ring, such as cardiac	or respiratory a	rrest,	Appr Intan Onse	roximete val Between et and Death		
7	/Medical Examiner	ı	Immediata Cause (Finel disease or condition resulting in death)		O (or es a conseq					P	75		
-	bed Insit	niner		0000m			v 54~	DNA	75	78	spars		
o,	be axecuted slcian and burial-trensit	Exar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events		Due to (or as a consequence of):								
(68760,	ificete g phys	Medical Examiner	resulting in deeth) Lest	Due to	(or as a consequence						72023		
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, P.O.	that the led by th datache	by Physician∕N	Part II. Other signiffcant conditions co		S Sas	_	iven în Part î.		tobacco use co Yes 2□ No				
Records,	requir been s should	Completed b						24e. Wes perfo	en eutopsy rmed?	aveltable	ion of causa		
R	The law ate has page 2	Com						101	Yas 20 No	1 🗆 Yas	2 No		
Vital	ician: The certificate rector, pag	Be	25. Was case referred to medicat examiner?	Hoopital			26. Place of Deat	(Check only o	one)				
o	A ET	T. To	1 Yes 2 No 27. Manner of Death		☐ ER/Outpatien 28b. Time of	3 DOA			dance 6 Oth				
ion	Attending	ation	1 Natural 5 Pending investigation	28a. Dete of tnjury (Month, Dey Year)) Injury	28c. Inju W	ork? ☐ Yes 2 ☐ No						
Division	8.55	Certifie	3 Suicide 6 Could not be determined	28e. Ptaca of Injury - Al building, etc. (Spe	t home, ferm, streetly)	eet, factory, office	1	28f. Location (3 City or Tox	Street end Numb vn, Stete)	per or Rural Rou	te Number,		
	To the Hospital within 24 hour To the Funer complataly filled	edicai	(Check only 2 Medical Exam	sicien: To the best of my k Inar: On the basis of exemi- end menner stated.	nowledge, deeth Inetion end/or Inv	estigation, In my	opinion, deeth occurr	ed at the time,	dete end plece,	and due to the d			
	To t To t	Σ	29b. Signature and title of country	D -		29c. Licer	nse number		29d. Data signe				
	, ,		30 Name and address of assessment	ompleted cause of death (to	m0	Driet)	3.70	_ /	MANC:	יסכ מ	11/0		
	12+		30. Name and eddress of persort who o	ompleted cause of deeth (II	tern 23e) (Type, I	/ (/ 1	222 / =		2 -	0-	MA OLSE		

State Registrar

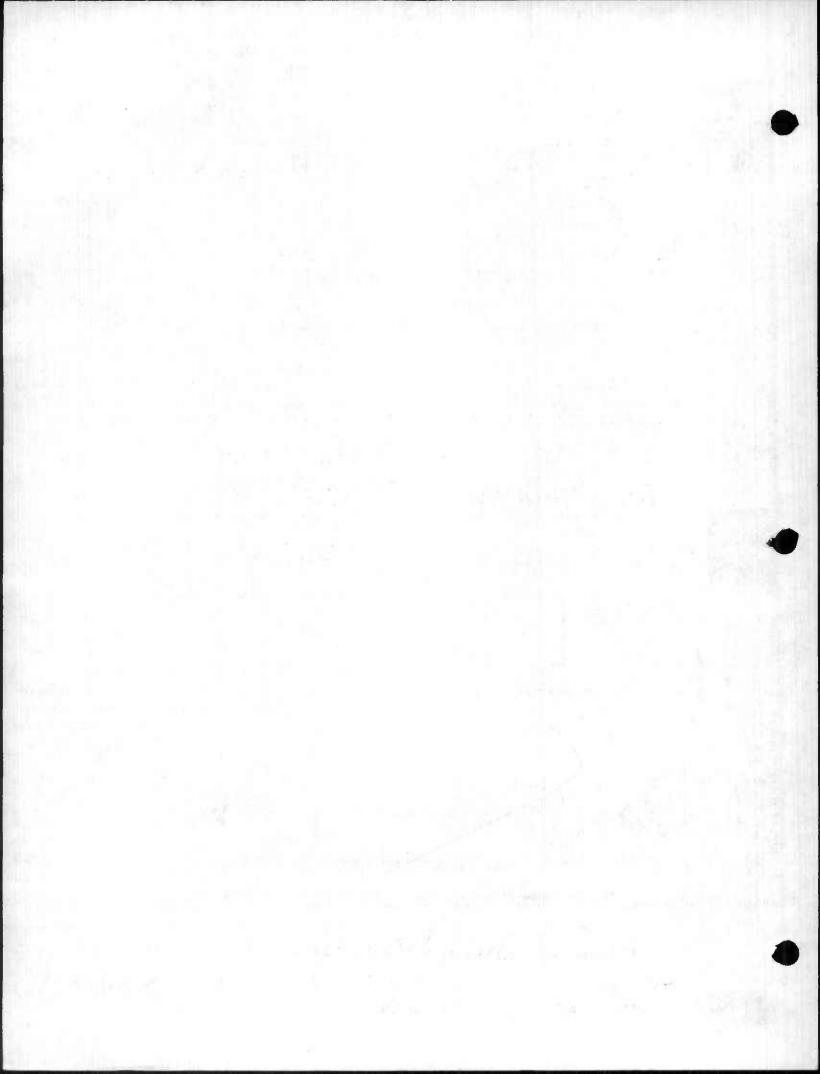
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MAR 3 1 1998



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, I	.ast)		Cel	rtificate of	Dealli	2. Dete of De		Van	3. Time of Death	
Physic /Med		Naomi E. Derr						March	27. 1	998	8:30 A. M	
Exami		4a. Facility Name (If not institution, g		mber)			4b. City, Town, or	Location of Deat				
		3704 Erdman Ave	nue				Balt			N/A	4	
Funeral Director		216-14-0226	Sex 1□M 2⊠F	7. Age (In yrs	. last birthdey) Yrs.	If Under 1 Yee Months Dey			th. Year) 9, 1923	9. Birthp Coun Ma	olace (State or Foreign otry) LYLand	
and w		Usual Residence of Decedent 10a. State 10b. County		10c. C	ity, Town or Lo	cation				1	0d. Inside City Limits	
Many 4 sh	o	Maryland N	I/A		1	Baltimor	0				1X Yes 2 No	
28s	Director	10e. Street and Number	1//\			10f. Zip Code		10g. Citizen of What Co			ntry?	
3a o	O	3704 Erdman Aver	ue				21213	213 U.S.				
deat	Funeral	11. Manital Status	12. Was Dec	adent Ever in U	J,S. 13. V	Vas Decedent of	Hispenic Origin? (ban, Mexican, Pue	Specify Yes or No		ca - Americ		
72 hours after death with the Maryland "natural", or flerns 23a or 28a-f show idical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 🖄 Widowed 4 ☐ Divorcad		2K) No		Yes 2X Ne		no Ricen, etc.)	Specif	ck, White, w	oic. hite	
72 ho	eted	15. Decedent's (Specify only highest of	Education		16a. Deced	lent's Usual Occi	upation	orkina	18b. Kind of B	usiness/inc	dustry	
9	Completed	Elementery/Secondery (0-12)	College (e during most of wo ed)					
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a la b	o Be	Herbert C. Gough	7					ime (First, Middle Lyanne G		ne)		
d 2 should th and Men 7 is marke traumatic	2	19a. Informant's Name/Relationship			19b. Mallin	a Address (Stree	et and Number or F			State. Zio	Code)	
d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2		Mrs. Janice L. Do		hter)			Oak Dri					
ges 1 and it of Health if Item 27 i		20a. Method of Disposition			Place of Dieno	sition (Name of natory or other pi		Date	20c. Location			
2 to 2 to 2		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec				int Crem		28/98	Baltimo	re. N	Maryland	
ertra friju		21. Signeture of Funeral Service Lic	ress of Facility				,					
Deper Impo		Profes & M.	orboach	M			r Funeral hms Lane,				1 01012	
/Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)	Θ		O Car	-	In few	ction		-		
tificate be executed g physician and as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury	b	Due to (or as a conseq	uence of):						
rtificate be ng physici as the bu	Medical	Cause (Disease or Injury that Initiated events resulting in deeth) Last	c	Due to (or es e consequ	uence of):						
death cert e attending ed for use a	Physician/N		d									
0 0 0	/sic	Part II. Other significant conditions	contributing to de	eath but not res	sulting In the un	derlying cause g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the causa of death?	
es that the de igned by the be detached	Ph	COPD						1/4	Yes 2□ No	3 Prob	bably 4 Unknown	
v requires been sign should be	Completed by	Hy poth.	proidis	M				24a. Was	an autopsy med?	cor	ere autopsy findings allable prior to inpletion of ceuse deeth?	
The law ate hes b	E O	,						10	Yes 2 No		Yes 2□ No	
iclan: The lav certificate hes rector, pege 2	BeC	25. Wes case referred to medical					26 Place of De	eath (Check only o			145 20 140	
yaicle s cer direc	ToB	examiner? 1 ☐ Yes 2 No	Hospital:	Inpatient 2	ER/Outpatien	3□ DOA O	ther: 4 Nursing		dence 8 □Oth	ner (Specify	()	
Attending Physician: The land death. •ctor: After this certificate he by the funeral director, page.		27. Manner of Death	28a. Dete		28b. Time of	28c. Inju		N	how injury occur		7	
thendin death. stor: Aft y the fur	atio	1 Naturel 5 Pending 2 Accident Investigation		in, Day rear)	Injury		Yes 2□No					
-2.5.5	Certification:	3 Suicide 6 Could not determine	286. Place	of Injury - At h ng, etc. (Speci		eet, factory, office	i	28f. Location (i City or Tox	Street and Numb vn, Stete)	ber or Rura	l Route Number,	
To the Hospital Within 24 house To the Funeral completely filled	edical	29e. Certifier (Check only one) Certifying P	minar: On the bi	best of my kno asis of examina ner stated.	owledge, death ation end/or Inv	occurred at the testigation, in my	ime, date and plac opinion, death occ	e, and due to the urred at the time,	cause(s) end mo date and plece,	enner as st end due to	ated. the ceuse(s)	
Withir To the	Σ	29b. Signeture end title of certifier	010	0	0	29c. Licer	se number		29d. Date signe			
		1-1-	TYLL	ales	and	1	2812	7	3/2	719.	8	
		30. Name and address of person who	completed caus	of death (Iter	m 23a) (Type, F	Print)	The second	- 1 -				
		Howard SF	reelan	and	560	1 Loch	Raven	Blud 4	30/130	SM	21239	
Sta	ite	31. Date filed (Month, Day, Year)	32 7	egistra/s Sign	ature							

DHMH 16 Rev 6/95

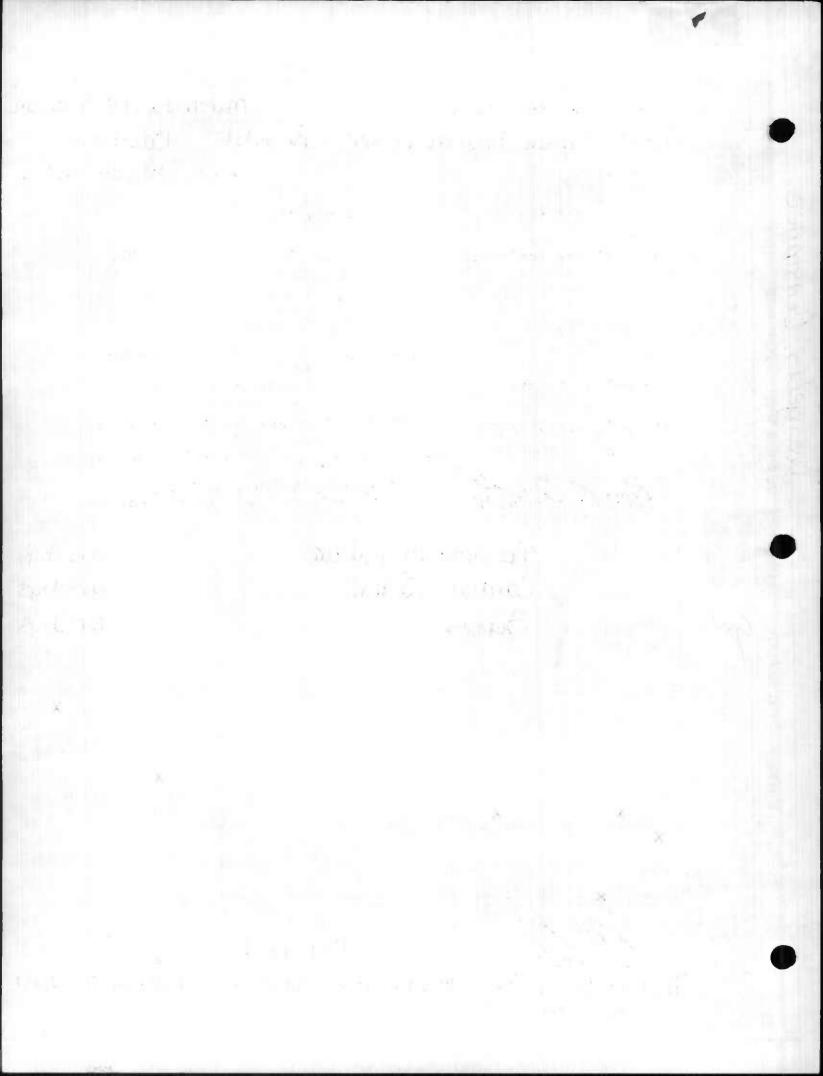


leangelis, Constance

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** 25, 1998 5:25 am March Constance De Angelis /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) Examiner Franklin muse s. Sex Birthplace (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours 1 M 200 F 85 175-03-4535 APR 26, 1912 **Director** Maryland Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. inside City Limits na 23a or 28a-f show MD Baltimore Parkville 1 ☐ Yes 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8800 Walther Boulevard 21234 USA Funeral Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, 7 is marked other than "natural", or items traumatic event, the Medical Examiner m 12. Was Decedent Ever in U,S. Armed Forces? Black, Whita, etc. 1 Yas 2 No If Yes, Giva Yaar or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) UNK. Homemaker Own Home 18. Mother's Neme (First, Middla, Meidan Surname) 17. Father's Name (First, Middle, Last) Be Michael Di Scenza Edna Condon 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) item 27 l 3734 Echodale Ave. Baltimore, MD 21206 Rodney De Angelis/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata important: If it any injury or o 1 ☐ Burial 2 TCramation 3 ☐ Removal from State 03/28/98 Baltimore, MD Metro Crematory, Inc. 4 ☐ Donation 5 ☐ Other (Spacify) 22. Nama and Address of Facility 21. Signature of Funeral Service Licen Cremation Society of MD, Inc. Edward A. Gregorchik

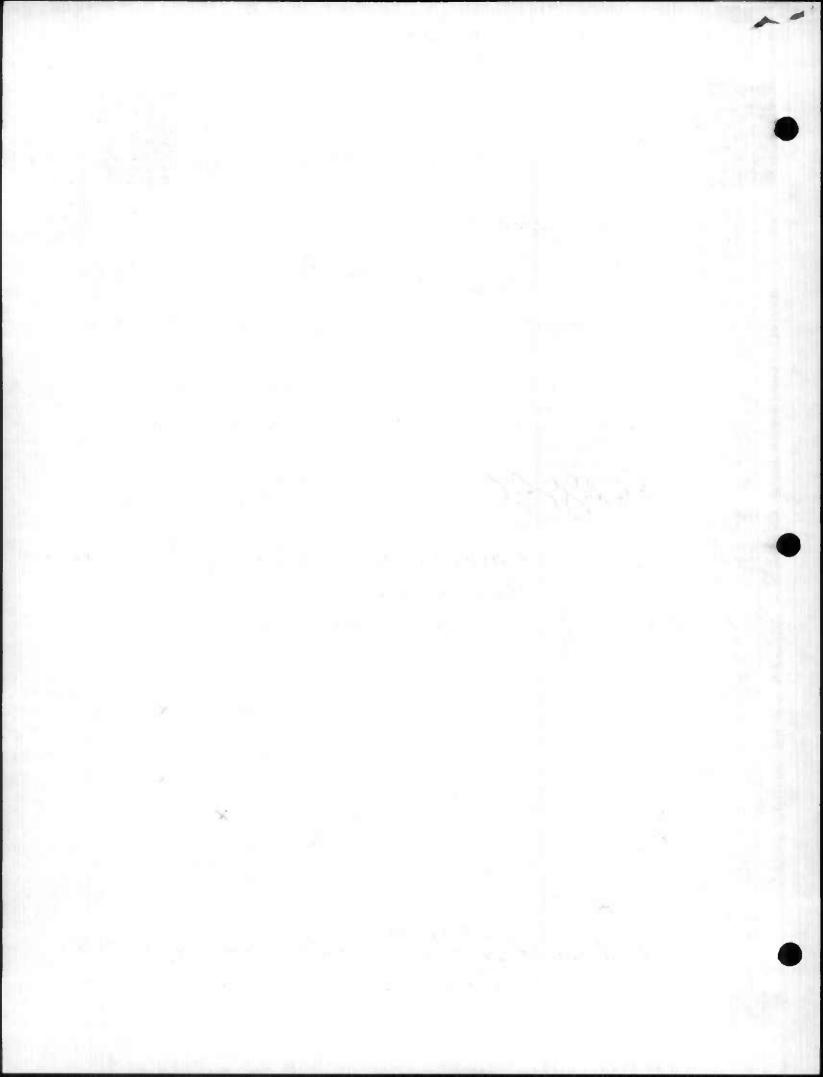
299 Frederick Road Baltimore,
23a. Part. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. 21228 MD Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Final 10-15 days disaasa or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieled events resulting In death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. 15 Physician/Medical Due to (or as e consequence of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown by 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy Completed page 2 has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: director, Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) 10 Other. 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this funeral 27. Manner of Death 28c. fnjury et Work? 28d. Describe how Injury occurred 28b. Time of Certification: 5 Pending Investigation 1 Neturel death. 1 Yes 2 No 2 Accident after deat Director: 6 Could not be 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of fnjury - At home, farm, street, factory, office building, etc. (Specify) 2 4 - Homlcide 24 hours a 15 Cordifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) manner stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi edical 29b. Signature and tall of certifier 29d. Data signed (Month, Swy. Year) 29c. Licansa number Franklin Square son wno completed cause of death (Item 23a) (Type, Print) Drive 31. Date filed (Month, Day, Year) MAR 3 1 1998 State Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.



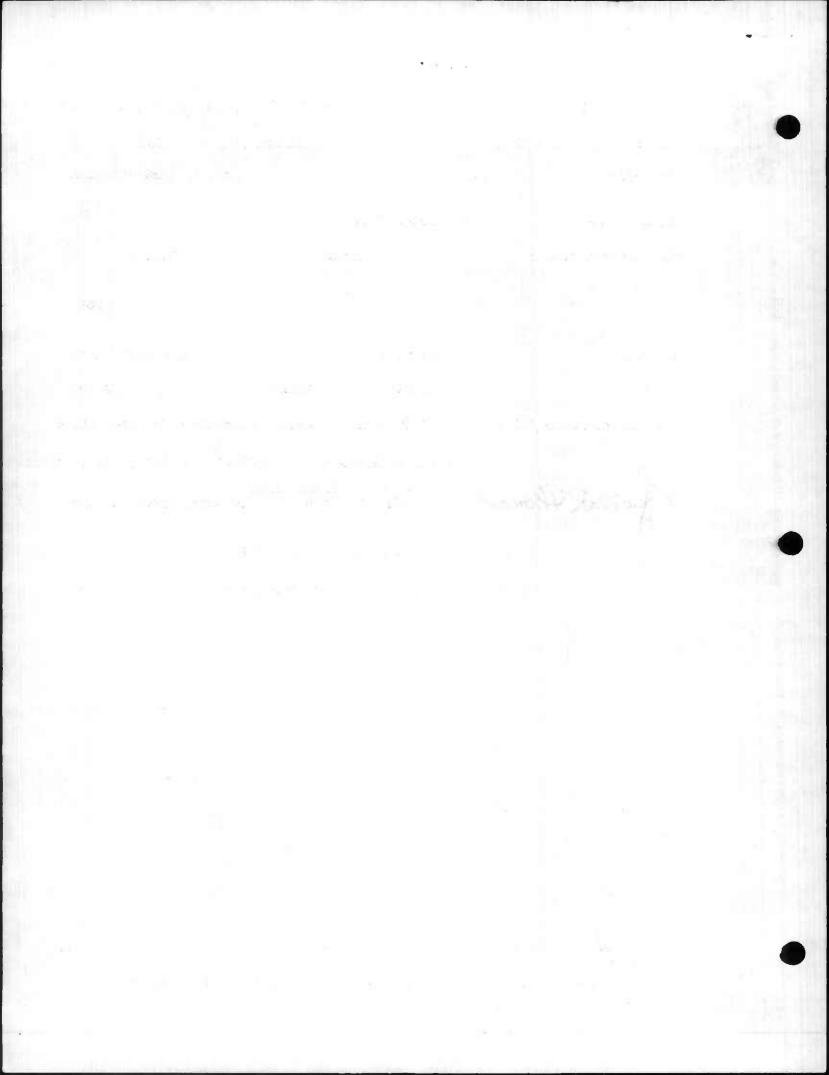
State of Maryland / Department of Health and Mental Hygiene 98

			State of manying	Ce	rtificate of	f Death	R	eg. No.	UY	8/1
	Diam'r.		Decedent's Name (First, Middle, Last) ,		1.		2. Dete of Dee Month	_	Year 3.	Time of Death
	Physici /Medi		Carol Ann Davis				March	28, 19		:41 A.M.
	Examir		4a. Fecility Name (If not institution, give street end number)			4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	
			1905 Brigade Way			Odenton		Anne	Arun	
	Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 AF 7. Age (In y. 1 Suel Residence of Decedent	rs. lest birthdey) 52 Yrs.	Months Deys		8. Dete of Birth (Month, Dey January	17, 194	9. Birthplece Country) 6 Penr	(Stete or Foreign TSylvania
	land w			City, Town or Lo	ocation				10d. ir	inside City Limits
	Many Hath	to	Maryland Anne Arundel	Odento	n				1 ☐ Yes 2 1 No	
	r 28e	Director	10e. Streat end Number	ogenco	10f. Zip Code		1	0g. Citizen of V	Vhet Country?	
	h wit	a D	1905 Brigade Way			21113			IIC A	
	dea	Funeral	11. Meritel Stetus 12. Was Decedent Ever in Armed Forces?	U,S. 13.	Was Decedent of	Hispenic Origin? (Sp ban, Mexican, Puerto	pecify Yes or No-		USA e - American In ck, White, etc.	ndian,
21215-0020	permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hyglana. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show important: If item 27 is marked other than "natural", or items 23a or 28a-f show hy Injury or other traumatic event, the Medical Examinar must be notified at 2008.	by	1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:		1 □ Yes 2 No		Thouse, oto.,	Specify	Libraria.	.e
5-0	72 h	Completed	15. Decedent's Education (Specify only highest grade completed)	16e. Decer	dent's Usuel Occu	upation e during most of work ed)	kina	16b. Kind of Bu	siness/Industr	у
121	Man Within	шbі	Elementary/Secondary (0-12) College (1-4or 5+)							
	hygia her t		17. Father's Name (First, Middle, Last)		Homemaker	18. Mother's Nam	o /First Middle	Maiden Sumam	Househ	old
Maryland	2 should be filed with and Mental Hygiana. Is marked other than aumatic event, the M	Be C	Leslie J. Fisk			Esthe		ınson	6/	
2	should Me mark mati	To	19e. Informent's Neme/Reletionship (Type, Print)	19h Mailii	no Address (Stree	et and Number or Ru			State Zin Cod	(a)
M	of trans		Paul E. Davis - Husband			e Way, Ode			Oloto, Lip Oco	-,
re,	s 1 and f Haalth Item 27 other tr		20e. Method of Disposition 20b). Plece of Dispo	osition (Neme of metory or other pl	bool de		20c. Location -	City or Town,	Stete
E	Pagas nent of It int: If ite					Inc. 03/	30/98	Baltimo	re. MD	
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Licensee	22	2. Neme end Add	ress of Facility				
m	885.8		Edward Condonship			n Society erick Rd.				
			23a. Pert1. Enter the disease or complications that caused the de shock, or heart failure. List only one cause on each line.	eath. Do not ent	ter the mode of dy	ring, such es cardiac	or respiratory arr	est,	App	proximete ervel Between
	Physician		5						Ons	set and Deeth
	/Medical Examiner		immediate Cause (Finel disease or condition resulting in death) e. Arcii Due to	DOMA	tous	Mez	ing GI	+15	11	NK
	LXammer	_					1			NK
	led nsit	Examiner	b. CArci	Nom.	A +05	15			u	NK
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68	ifficata by ig physic as tha by	Pa	resulting in deeth) Last	(or es e conseq	juence orj.					
Вох	death carr e attendin d for usa	an/N	d						<u> </u>	
	0 00	Physician/M	Pert II. Other significant conditions contributing to death but not r	esulting in the u	nderlying cause g	jiven in Pert I.	23b. Did to	bacco usa con	ntributs to the	cause of death?
P.0	\$ 50 th						1 🗆 Y	88 2 No	3 Probably	y 4 Unknown
Records,	w requiras that been signed to should be det	d by					24e. Wes e	n eutopsv	24b. Were a	utopsy findings
CO	v req	Completed					perfor	med?		etion of cause
Re	a has	ф					1 🗆 Y	0 1	1 🗆 Yes	
			25. Wes case referred to medical			26 Place of Dog	th (Check only or		I U Tes	8 2UNO
>	Physician: this cartific ral director,	o Be	examiner?	☐ ER/Outpatien	nt 3 DOA O	ther:	ome 5 Reside		er (Specify)	
-	ar th	n: T	27. Manner of Deeth 28e. Dete of Injury	28b. Time of			28d. Describe h			
io	Attending Fir death. octor: After by the funer	atio	2 Accident Investigation) Injury		Yes 2 No				
Division	r Atte tar da recto	Certification:	3 ☐ Suicide 4 ☐ Homlcide 6 ☐ Could not be determined 28e. Place of Injury - All building, etc. (Spe	home, farm, str	reet, fectory, office	9	28f. Location (S. City or Town	treet end Numb n, Stete)	er or Rural Roi	ute Number,
	Ital o irs aff rai Di									
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edical	29a. Certifier (Check only one) Certifying Physician: To the best of my k	nowledge, death Inetion and/or In	h occurred at the vestigation, in my	time, date and place, opinion, death occur	and due to the c red at the time, d	ause(s) and ma ete and place, a	nner as stated and due to the	ceuse(s)
	o the	N N	29b. Signeture end title of certifier	omite	29c. Licer	nse nu <i>m</i> ber	2	9d. Date signed	d (Month, Dey,	Year)
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	10		30. Name end eddress of person who completed bare of deeth (If	tem 23a) (Type.	Print)		- (0/	-	
	10		111111111111111111111111111111111111111	95, m	D 6	95 A	m eric	ca &	2103	5
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State of Maryland / Department of Health and Mental Hygiene 98 09872

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	Physic /Medi		ALBERT				DU	DLE	Y	MAR	27TH	Year 1998	5-12 AM			
	Exami		4e. Facility Name (If not Institution, gire	ve street and number)				4b. City, To	wn, or Loc	ation of Death	4c. County	of Death				
			Good Samaritan H					Baltir			N/Z	A				
	Funerai Director			Sex 7. Ag № 2□ F 79	e (In yrs. le	yrs.	If Under 1 Year Months Dey		24 Hrs. Min.	8. Dete of Birth (Month, Dey, April 8	, 1918	Count	ace (State or Foreign try), ginia			
	yland		10e. State 10b. County		10c. City,	Town or Lo	cation				-	10	0d. Inside City Limits			
	Mar a-f si	tor	Maryland N/A		Balt	imore	City			1巻:			1 Yes 2 □ No			
	or 28	Director	10e. Street and Number				10f. Zip Code	•		11	0g. Citizen of \	What Count	try?			
	th wi		4010 Echodale Ave	nue			2120	6			U.S.A.					
21215-0020	d 2 should be filed within 72 hours after death with the Maryland in and Mental Hygiene. 7 is marked other than "natural", or itema 23e or 28a-f show trainmatic event, the Medical Examiner must be notified a	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 12 Yes 2 1 If Yas, Give Year or Dates			Was Decedent of f Yes, specify Cu I ☐ Yes 2 N		gin? (Spec i, Puerto F	city Yes or No- licen, etc.)		e - America ck, White, e				
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tin	Departmen Mportant: any injury		0	Da. Mathod of Disposition 1 CMBurial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Dete 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Roselawn Cemetery 3/30/98 Martinsville, Virginia												
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	Examiner		Immediate Cause (Final disease or condition resulting in death)	CONGE	STIV	E H	EART	TAIL	-u R	E			340 AL			
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LO.	D 00	lon	1 Natural 5 ☐ Panding	28a. Date of Injur (Month, De)	Year)	8b. Time of Injury	28c. In W	ork? □ Yes 2 □ I		8d. Describe ho	w injury occur	red				
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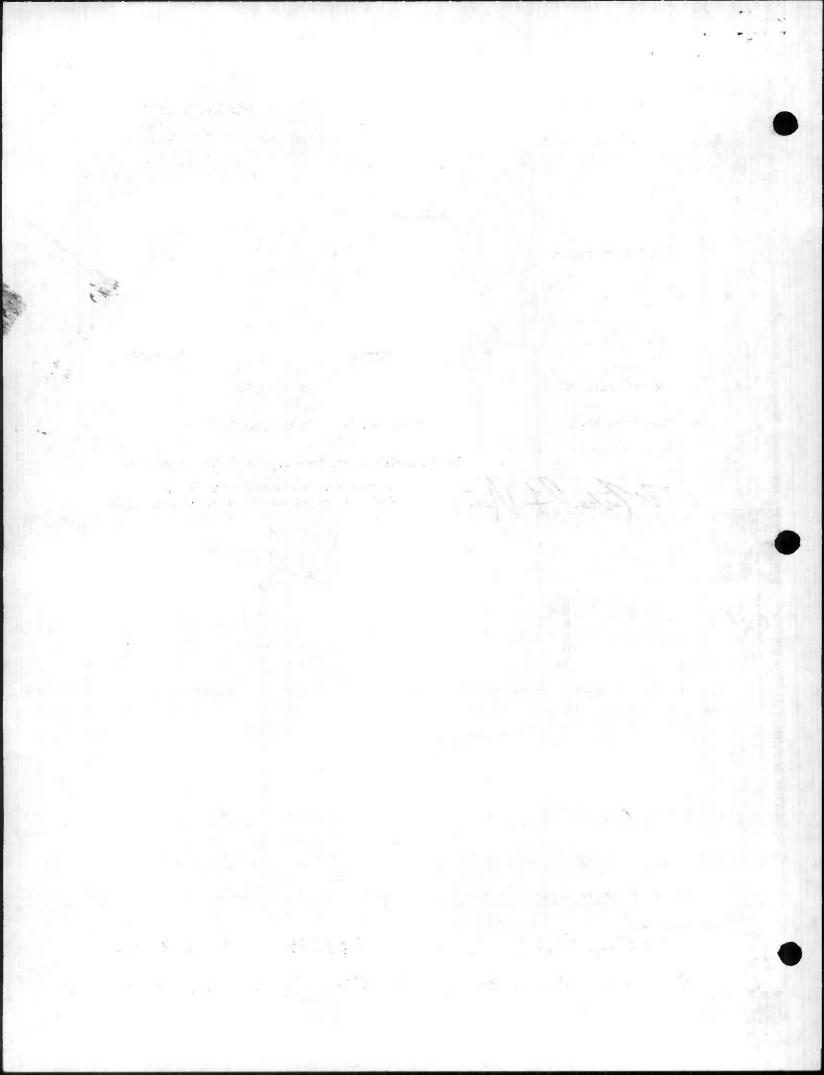


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Michael Deinlein 1998 March 23, 8:30 A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 617 N. Potamac Street Balt.imore N/A 5. Social Security Number If Under 1 Year It Under 24 Hrs. 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** MM 20F Months Deys Hours Min 217-12-4837 72 Yrs. Director Maryland March 8, 1926 Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 23e or 28a-f show the Medical Examiner must be notified at Md. N/A Director Baltimore 1X Yes 2 □ No 10e Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 617 N. Potomac Street 21205 U.S.A. death Funeral or items 11 Marital Status 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. efter 1 ☐ Yes 2 No 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2√ No Specify: Specif White by 3 Widowed 4 Divorcad "natural", Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 9th Machinist Air Craft 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Pages 1 and 2 should be nent of Health and Mental Is marked 2 August Deinlein Marie Needer 19e. Interment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Depertment of Health at Important: If Itam 27 is any injury or other traced. Mary Lott/ Niece 518 N. Fast Ave., Baltimore, Md. 21205 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore-Washington Crematory 3-25 -98 Laurel, Md. 22. Neme end Address of Fecility
Moran—Ashton—Dabrowski Funeral Home, Inc. 21. Signeture of Funerel Service License 3000 E.Baltimore Street, Paltimore, Md. 21222 23e. Pert1. Enter the disease, or complications that baused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or freer feilure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medicai Immediate Cause (Finel REMIA diseese or condition resulting in deeth) Examiner DAYS Physician/Medical Examiner KENAL FAILURE MONTHS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence ot): P.O. Box 68760, 30 YEARS HYPETTTENSION Due to (or es e consequence of): The law requires that the death certification ō Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causa of death? 3 Probably 4 Unknown 1 Yee 2 No Records, þ 8 page 2 should 24b. Were eutopsy tindings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate 1 Yes 2 No 1 Yes 2 No of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 \sum Nursing Home Certification: To 1 Yes 2 No 5 Residence 8 Other (Specify) this 27. Manner of Deeth Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After Division 5 Pending Investigation 1 Naturel 24 hours after death. 1 ☐ Yes 2 ☐ No the 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, tarm, street, fectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 3 4 Homicide filled in Hospital percentifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medicai 29e. Certifier completely (Check only To the V within 2 To the F 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person what empleted cause of deeth (Item 23e) (Type, Print) The DEED HEALT of CENTER, 2809 BOSTON ST, BALT, HD ZIZZY
R 31 1998 Registrer's Signature Savidson-Randelle 31. Dete filed (Month, Dev.

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month V. EROMAN 1429 ROBGRITA MARCHZ 4a. Facility Nama (If not institution, give street and number, 4b. City. Town, or Location of Death 4c. County of Death BATTIMORE CITY SINAT HOSPITAL N/A If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, If Under 1 Yaar 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign 1□ M 2XF Days Months Yrs. 218-36-9695 60 BALTIMORE, MD. Usual Residenca of Decedent 10b. County 10c. City, Town or Location 10d Inside City Limits BALTIMORE COUNTY COCKEYSVILLE 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 10704 CARDINGTON WAY, APT.T-3 21030 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 12. Was Decedant Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Giva Yaar or Datas: 1 Yes 2 No Specity: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 54) 5+ NURSE MEDICAL 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) ROBERT BERNARD ERDMAN (STILL LIVING) THELMA MARTHA OTTER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 10704 CARDINGTON WAY, APT.T-3, COCKEYSVILLE, MD 21030 FRANCES GELWICKS / CLOSE FRIEND 20b. Placa of Disposition (Name of 20a. Mathod of Disposition 20c. Location - City or Town, Stata MARCH30 BALTIMORE WASHINGTON CREMATORY 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 1998 LAUREL, MD. 21. Signature of Funeral Service Liber 22. Name and Address of Facility LEMMON FUNERAL HOME 10 W. PADONIA ROAD, TIMONIUM, MD. 21093 Ruman 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death Immediate Cause (Final ELECTROMECHANICAL DISSOCIATION 20m work disease or condition resulting in death) Due to (or as a consequenca of): 2 HOURS INFARCTION myocomplat Due to (or as a consequenca of): CARDIAL ARRED? Dua to (or as a consequanca of)

Physician /Medical Examiner

or Attending Physician: The law requires that the death certificate be executed

signed by the

After death. ours after death. herai Director: A filled in by the fi

To the Hospital c within 24 hours at To the Funeral D

Division of Vital Records, P.O. Box 68760,

permit. Page Department of important: If eny injury or once.

Physician

/Medical

Examiner

10a State

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Director

28a-f show

ŏ Items 23a Director

Funerai

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Completed

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traumatic event, the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after onen of Health and Mental Hygiene.
Int: If Item 27 ie merked other than "natural", or ites
INY or other traumatic event, the Medical Examines
INY or other traumatic event, the Medical Examine

Baltimore, Maryland 21215-0020

the Maryland

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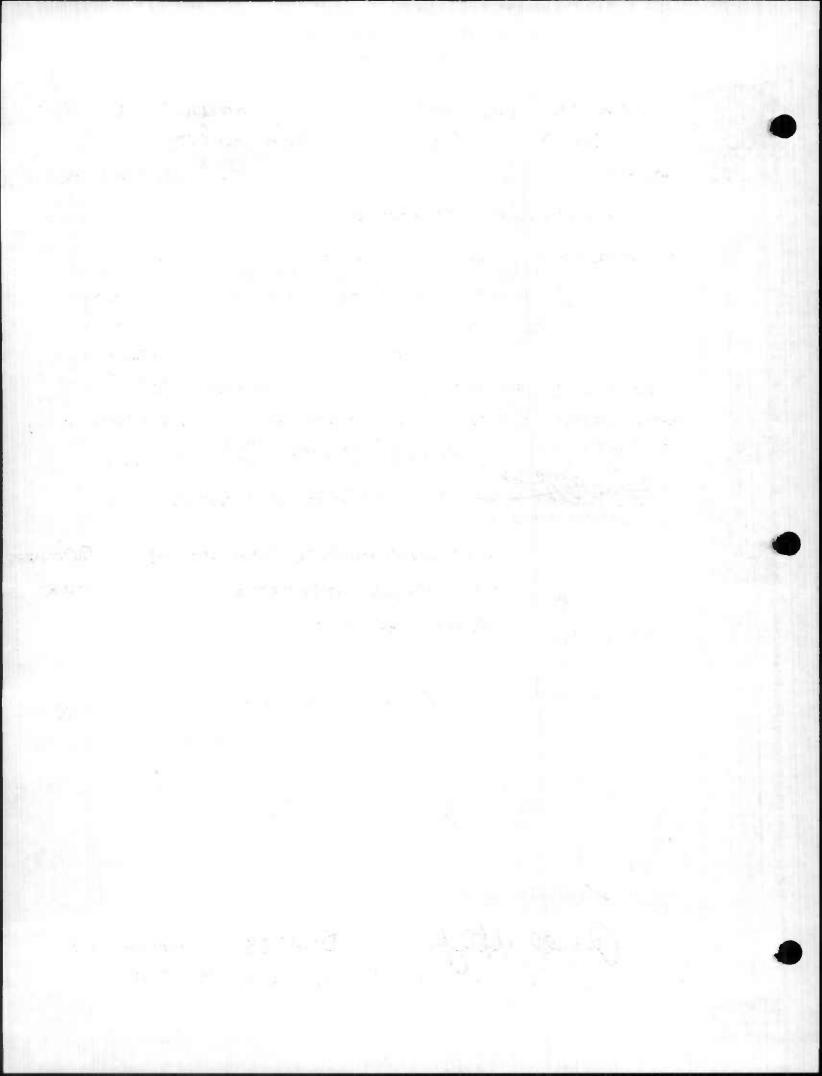
Examiner Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or Injury that initiated events rasulting in daath) Last Physician/Medicai

Part II. Other significant conditions co	The state of the s		23b. Did tobacco use contribute to the cause of death: 1 Yes 2 No 3 Probably 4 Unknow					
				24e. Was an eutopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?			
25. Was case referred to medical			26 Piece of D	eath (Check only one)	16100 2610			
examiner?	Hospital: 1 ☐ inpatient 2	ER/Outpatient 3	Other		ner (Specify)			
27. Mansar of Death 1 Natural 5 Pending 2 Accident investigation	28a. Data of injury (Month, Day Year)	28b. Time of Injury	28c. injury at Work?	28d. Dascribe how Injury occur				
3 ☐ Suicide 6 ☐ Could not be detarmined	28e. Place of Injury - At h building, atc. (Special	ome, farm, streat, fact by)	28f. Location (Street and Numb City or Town, Stata)	28f. Location (Street and Number or Rural Route Number, City or Town, Stata)				
29a. Cartifier (Check only one) 1 Certifying Physical Exami	eician: To the best of my kno ner: On the basis of axamina and manner stated.	owladga, death occurrention end/or investigati	ed at tha tima, data and place on, in my opinion, death occ	ce, end due to the causa(s) and me curred at tha tima, data and placa,	anner as stated. and dua to tha causa(s)			
29b. Signature and tally of duriffier	2 skeet	9	29c. License number		ch 27, 1858			

State Registrar

Hillstey MD

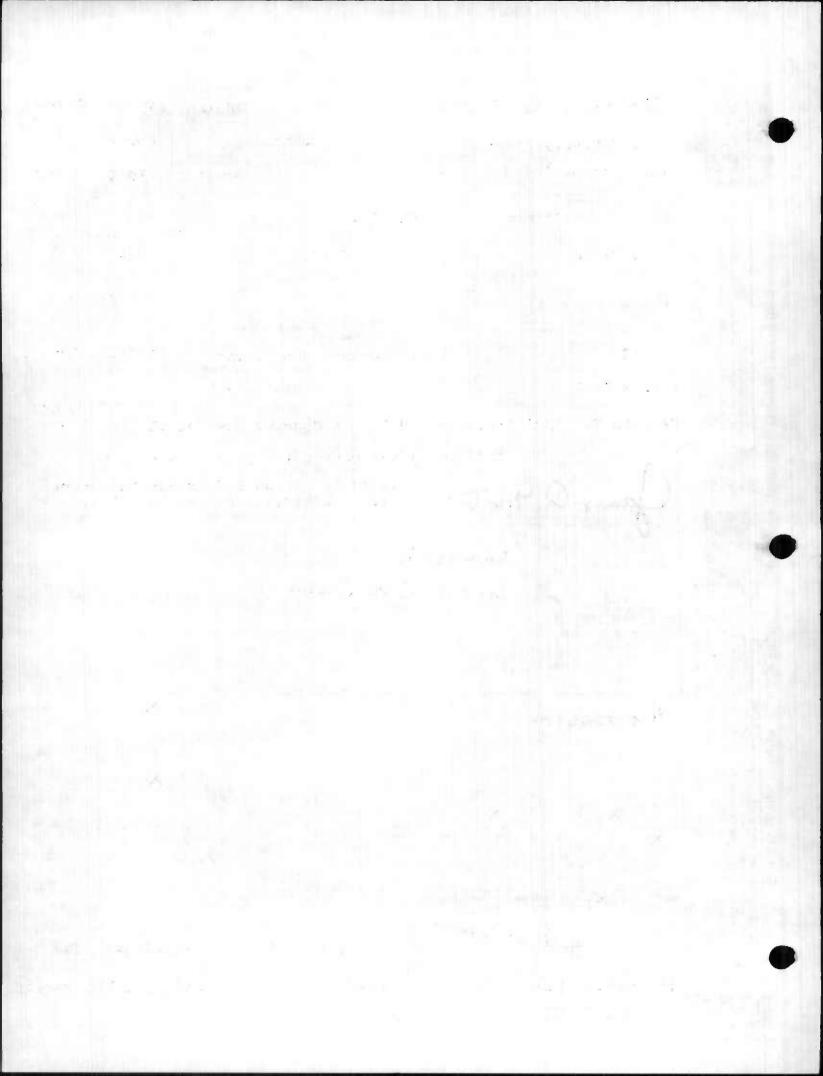
W. Belvedere Ave Balty, MD 21215 2401 232, Regietrar's Signatura What Jaw doon - Pandalle



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	A Constant None (Cont. Middle Local	Al	Ce	rtificate of	Death	2. Date of Dea	eg. No.	00	3. Time of Death				
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/Medical Examiner	4a Facility Name (If not institution, give	1			4b. City, Town, or L		4c. County		011.				
CAMINIE	Howard County	General			Columbi	a	Howard						
Funeral	5. Social Security Number 6. Se	7. Aga (/	yrs. last birthday,	If Under 1 Year Months Days		8. Date of Birth (Month, Day			ace (State or Fore				
Director	216-78-1960	M M 2□ F	38 Yrs.	July 54,6		April		59	Howar				
and **	Usual Residence of Decedent 10a. State 10b. County	10	c. City, Town or L	ocation				10	od. Insida City Limi				
Menyl sho	MD Balt	imore	Woo	dlawn					1 Yes 2020				
rec	10e. Street and Number			10f. Zip Code		1	0g. Citizen of W	/hat Count	ry?				
h with	27 Torlina			212	07		US	SA					
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5-0020 72 hours after death with the Menyland naturel; or items 23s or 28s-1 show neal Examiner must be notified at	Never Married 2 Married	1 ☐ Yes 212 No If Yes, Giva		1□Yes XXNo			Specify:						
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filed within Hygiena. Ther than and, the Head	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	Main	tenance	Superv	isor	Interf	aith	Cente				
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2 should be and Mental a marked o burnatic eve	Harrie Earle				Claire	e Rohlh	i						
Maryland 2 should be file th and Mental Hy 7 is marked othe treumatic event To Be (19a. Informant's Name/Relationship (7				t and Number or Ru								
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nding ath. :: Afte e fun	1 Natural 5 Pending 2 Accident investigation	(Month, Day Yo	ear) Injury		Yes 2 No								
tal or Attending P is effer death. al Director: Affert led in by the funeral Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc. (3	- At home, farm, s Specify)	reet, factory, office		28f. Location (S City or Tow		er or Rura	Route Number,				
Hospi 24 hou Funer (aly fill	29a. Certifier Certifying Phy	/sician: To the best of m liner: On the besis of ex and manner stated	amination and/or in	th occurred at the to evestigation, in my	ime, date and place opinion, death occu	, and due to the c rred at the time, c	ause(s) and ma late and place, a	nnar as st	ated. tha cause(s)				
within 2 To the comple	20h Signature and title of position	1 24.0		29c. Licen	sa number		29d. Data signed	d (Month, I	Day, Year)				
F3F8		mus With		7 2	1917	-	manh	25	1998				
1	30. Name and address of person who	completed ceuse of death	n (Item 23a) (Type	Print)	North		· AUTUCA (
	HO-LAI FE	AG MD	7	Knoll	North	Dr. Ca	01, 12	- mi	5 2045				
	31. Date filed (Month, Day, Year)	32. Registrar's	Sinnature										

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State of Maryland / Department of Health and Mental Hygiene Q Q Q Q 7 C

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	yland Mow	Н	10e. Stete 10b. County		10c. City, T	own or Loc	atio <i>n</i>					10d. Inside City Limits
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maryland 21215-0020	72 hours efter death with the Maryland natural; or items 23s or 28s-f show deal Exercited must be notified as	Funeral	1 Never Merried 2 Married	Armed Forces? 1 Yes 2 Armed Forces?			Yes, specify Cu	Hispanic Origin? (Sp ban, Mexicen, Puerto	Rican, etc.)		ck, White,	etc.
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	ked by	To B	Maurice Lowenstei	n				Beatrice	e Marlov	we		
•	Should M	-	19e. Informent's Neme/Reletionship		1	9b. Meiling	Address (Stree	et end Number or Rui			State 7ir	Code)
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	Heal Heal ther		20e. Method of Disposition	.,			ition (Neme of	Trace, b	Dete	20c. Location		
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	ppar poor iy in		21. Signeture of Funerel Service Lice	nsee		22.	Name and Add	ress of Fecility	AT CHAICH			
Baltimore,	89 = 89		Donald C.	Atatte-				EW MEMORIA			-	
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			shock, or heart feilure. List only	one cause on each li	n				,			Approximete Intervel Between Onset end Deeth
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	eftar death Director: d in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Fiece of inj	ury - At home,	farm, stree	et, factory, office	9			ber or Rure	al Route Number,
N Or	d in	Ser	4	building, et	с. (эреспу)				City or Tov	ni, Sielej		
splt	within 24 hours e To the Funeral D completely filled i		29e. Certifier 1 Certifying Pt	ysician: To the best	of my knowled	lge, deeth o	occurred et the I	time dete end plece	end due to the	ceuse(s) end m	enner es s	teted
Ho 24 7	To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	(Check only 2 Medical Example)	niner: On the besis of	examinetion	end/or inve	stigetion, in my	opinion, deeth occur	red et the time,	dete and piece,	snd due to	the cause(s)
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Corporal C.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death FOUND **Physician** Month 01:47 PM ROBERT FALCON 1998 MARCH 09 /Medical FOUND 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** #4 4907 EASTERN HYATTSVILLE PRINCE GEORGES If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1 🛣 M 2 🗆 F 69 Yrs. Director unknown July 5, 1928 unknown Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Maryland Prince Georges Hyattsville 1 ☐ Yes 20 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ö 238 4907 Eastern Avenue, Apt. 4 20782 U.S.A. Hems 11. Marital Status unknown 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours efter 1 Never Merried 2 Married 1 ☑Yes 2 ☐ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 🖾 No White by Specify: 3 ☐ Widowed 4 ☐ Divorced WWII Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry 1 and 2 should be filed within 'Heelth end Mental Hygiene. em 27 la marked other than "r Elementery/Secondery (0-12) College (1-4or 5+) Radio Announcer Broadcasting unknown unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) George Falcon Ethel Hoffman 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 a Department of Heelth er Important: if item 27 is any injury or other trau George Falcon/son 212 Dawson Avenue, Rockville, Maryland 20850 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 ဩ Other (Specify) in state 21. Signature of Funeral Service Licensee Ronald S., Wade Name end Address of Facility State Anatomy Board, 655 W. Baltimore Street under Baltimore, Maryland 21201 25a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final CANCER OF LUNG diseese or condition resulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner physician end the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): Box 68760. that initieted events resulting in deeth) Last Due to (or as a consequence of): 88 esn P.O. signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1XYes 2 No 3 Probably 4 Unknown ETHANOL ABUSE Records. þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Was en eutopsy performed? page 2 s 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 1 Naturel
2 Accident 5 Pending Investigation deeth. 1 Yes 2 No 24 hours efter deet Funeral Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier Medical within 24 hor To the Fune completely fi (Check only 29c. License number 29d. Dete signed (Month, Dey, Year) DME MARCH 10, 1998 ne and address of person with ed cause of death (Item 23a) (Type, Print) HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 3001 MARLO GOLLE Registrar's Signature 31. Date filed (Month, Dey, Yeer)

MAR 3 1 1998 State

DHMH 16 Rev 6/95

Registrar

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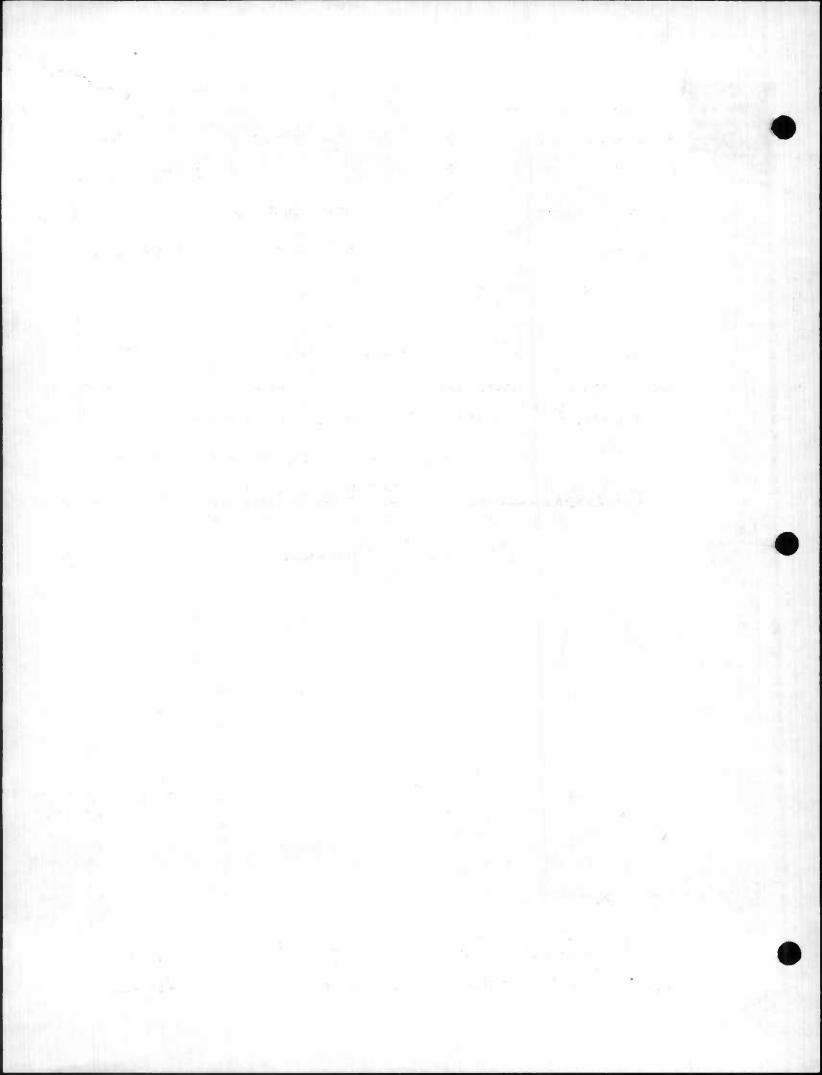
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Christine J. F0e11 MARCH 30 /Medical 4a. Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner n/a Baltimore Stella Maris Hospice at Mercy 8. Data of Birth (Month, Day, Yagr) Dec. 21, 1951 If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stete or Foraign Country) **Funeral** Months Days Hours 1□M 2X F 46 219 58 3487 Yrs. Director Maryland Usual Rasidanca ot Decedant the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be nothed at Harford Havre de Grace Maryland 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? with 21078-1604 United States 106 Northway death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lt Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 11. Marital Status hours after ∏Yas 2X No f Yes, Give 1 Navar Married 2 Marriad "netural", or White 1 Yas 2 No Specify: Specify P lf Yes, Give Yaar or Datas: 3 Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind ot Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "any injury or other traumette avant". Elementery/Secondery (0-12) Collega (1-4or 5+) Legal Assistant 12 4 Law Offices 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Stout, John Wolfe Jr. Rita Joyce 0 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Daniel Foell, III Husband 106 Northway, Havre de Grace, MD 21078-1604 20a. Mathod of Disposition
1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramoval from State 20b. Placa of Disposition (Nama of comatary, cramatory or other placa) Data 20c. Location - City or Town, Stete Green Mount Crematory 3/31/98 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility
CAFA Stephen D. Lohrmann P.A.
8717 Green Pastures Dr., Baltimore, MD le Dohnum 21286 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Intarval Batween Onsat and Deeth **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) nul Muica YKS **Examiner** Due to (or as a consequence of) Examiner buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to Immadiata causa. Entar Undarlying Cause (Diseesa or Injury that initiated events resulting In death) Last and Dua to (or as a consequence ot): physician at the buriel Box 68760 Physician/Medical Dua to (or as a consequence of): use as 1 for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. the signed by 1 Yes 2 No 3 □ Probably 4 □ Unknown Ď 2 should 24b. Wara autopsy tindings available prior to completion of cause of death? Completed 24a. Was en autopsy performed? peen has pege 2 certificata 1 ☐ Yas 2 No 1 Yas 2 No To the Hospital or Attending Physician: withir 24 hours after deeth.

To the Fugeral Director: After this certifics completely filled in by the funeral director, 25. Was case reterred to medical axaminar? Be 26. Placa of Death (Check only ona) STELLA MARIS AT MERCY Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 An Other (Specify) HOSPICE 1 Yes 2 No Medical Certification: To 27. Manner of Deeth 28a. Deta of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accidant 6 Could not be 3 ☐ Suicida 28t. Location (Street end Number or Rural Routa Number, City or Town, Stata) Placa ot tnjury - At home, farm, straat, factory, offica building, etc. (Spacify) 4 Homicide 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as steted.
2 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner steted. 29a, Certifian (Check only one) 29b. Signature 29c. Licansa numbar 29d. Data signed (Month, Day, Year) 301 1) 439 34 30. Name and addrass typerson who completed causa of daath (Itam 23a) (Type, Print) DwIGHTIM PAUL PLACE MD BALTIMORE Sr.

State Registrar

31. Date filed (Month, Day, Yeer) MAR 31

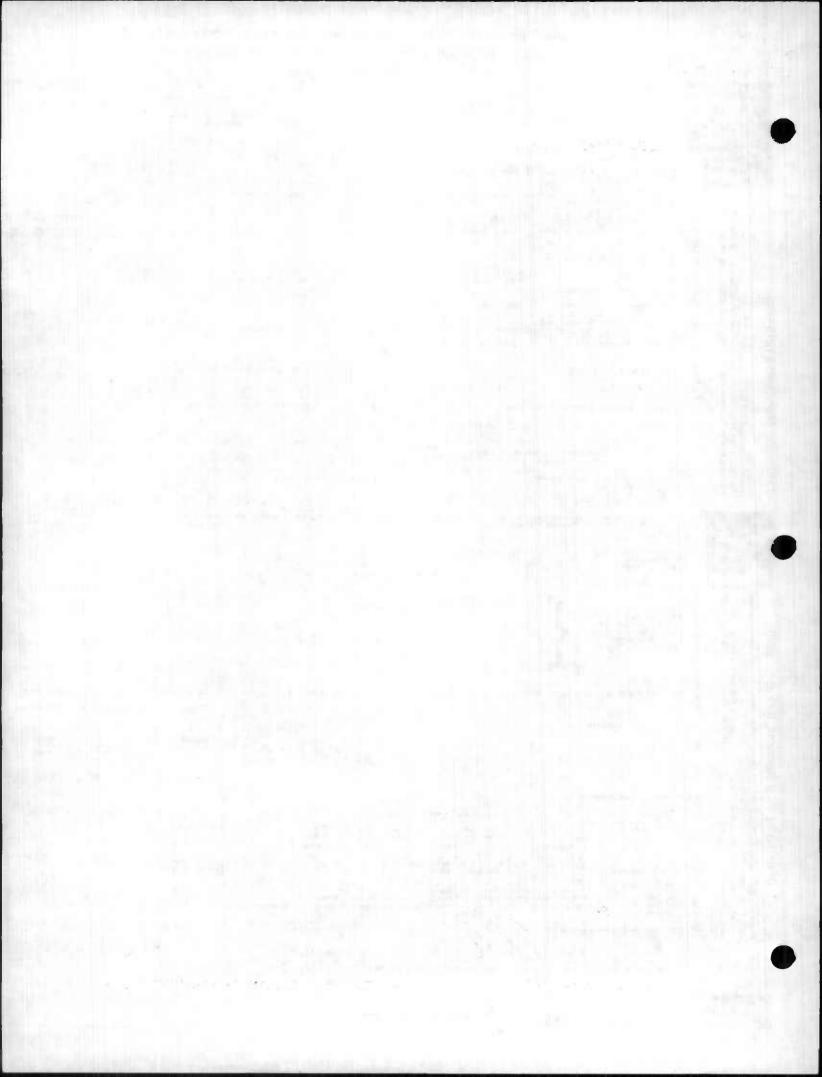
32. Register's Signature Pandell



W.C

State of Maryland / Department of Health and Mental Hygiene 9

BRENDA FRANCOISItems: 23 part I,27 per MEO G-758 4/1/98 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** +RANCOIS GRENDA 1. 03 25 1998 1109PM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** BACTIMORE SINAI HOSPITAL E.R If Under 24 Hrs. 8. Date of Birth (Month) Dey, If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 10 M 200.F 5 217-40-1381 Yrs. Director Usual Residence of Decedent death with the Maryland 10c. City, Town or Location 10d. fnside City Limits 10e. State r than "natural", or items 23a or 28a-f ehov the Medical Examiner must be notified at MD. BALTIMORE 1 Yes 2 No WOODLAWN Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4.5. 21207 3501 SEDGEMOOR Funeral 14. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Yes 2 No filed within 72 hours efter 1 Never Married 2 Warried 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: SLK If Yes, Give Year or Detes: by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) MEDICAL NURSE 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) permit. Pages 1 and 2 should be Department of Health end Mental Important: If them 27 te marked of CLARENCE P. INGRAM CATLIN Lullan 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3501 SEDGEMOOR BALTIMORE, MD PIERRE (HUSBAN) FRANCOIS 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/3/98 BACTIMORE, MD ò any injury o ARBUTUS NEM. PK. 22. Name and Address of Fecility E. L. DHickeps 21. Signature of Funeral Service Licansee 1721-27 N. MONRUE ST. BALTIMORE, MD Lectr CFSP 2/2/7 aretha 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical PULMONARY THROMBOEMBOLISM **Examiner** Due to (or es e consequence of): Physician/Medical Examiner that the death certificate be executed the attending physician and hed for usa as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760 Due to (or es a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.0 signed by t 1 Yes 2 No 3 Probably 4 Onknown Division of Vital Records, by 24b. Were eutopsy tindings aveilable prior to Completed 24e. Wes an eutopsy performed? completion of cause of death? page 2 s certificate has 1 Yes 2 □ No 1 Yes 2 No To the Hospital or Attanding Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) XX Yes 2 No To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28e. Dete of Injury (Month, Dey Yeer) uneral 27. Manner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No daeth. 2 Accident 24 hours after daet Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifie 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) (Check only one) within 2 29b. Signature and title of certifier 29c, License number 29d. Date signed (Month, Dey, Year) O.C.M.E 26MARCH1998 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) David Fowler, M.D. 111 PENN ST. BALTIMORE, MARYLAND 21201 32. Registrer's Signeture 31. Date filed (Month, Day, Year) MAR 3 1 1998 Registrar

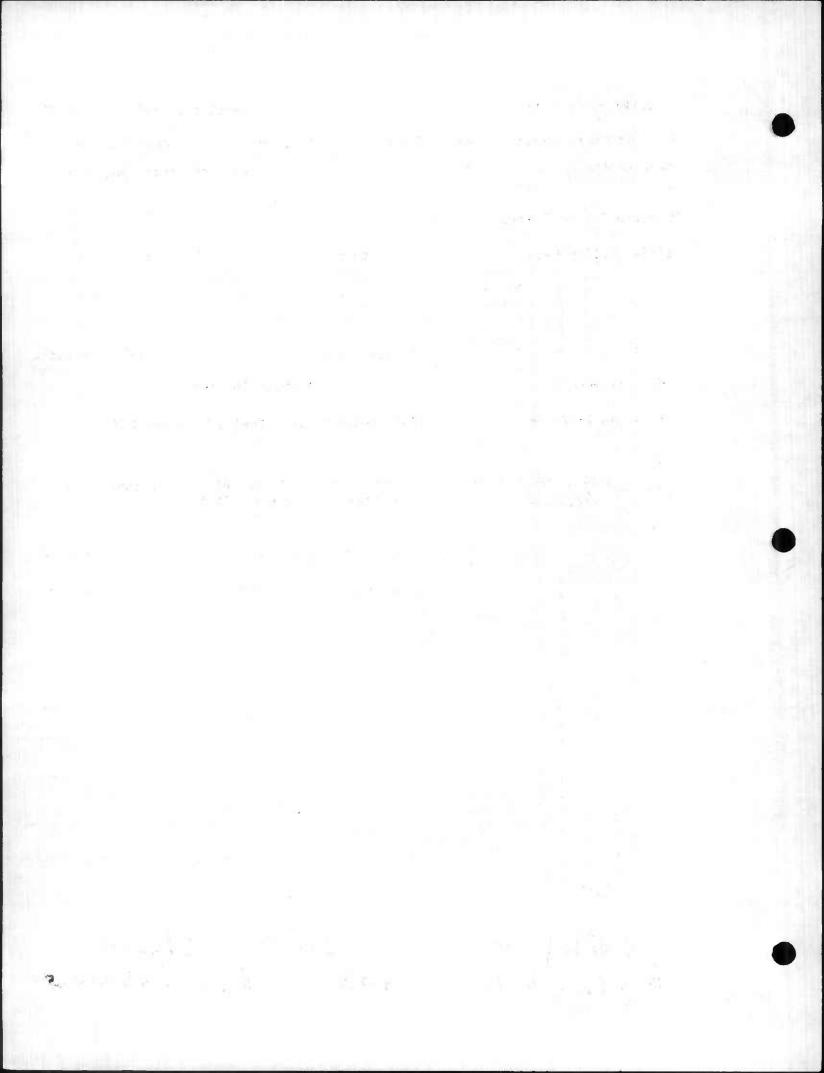


State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of the **Physician** Month Year Marlin P. Gehring March 11, 1998 E:20 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Crofton Convalescent and Rehab Center Crofton 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 113 M 2□ F Days Hours 081-14-8535 Yrs. Director Feb. 25, 1922 New York Usual Rasidance of Dacedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Maryland Prince Georges Director Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12854 Holiday Lane 20716 death .S.A. 12. Wes Decedent Evar in U,S. Armed Forcas? 1 ⊠ Yas 2 □ No If Yes, Give Yeer or Detas: 11 Maritel Status Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Reca - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or hanny Injury or other traument. Black, Whita, atc. t ☐ Naver Married 2X Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Federal Government Special Agent 18. Mothar's Nama (First, Middle, Maiden Sumame) 17. Father's Name (First Middle, Last) Be William Gehring Frances Downing 2 19a, Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Alice Gehring/wife 12854 Holiday Lane, Bowie, Maryland 20716 20b. Place of Disposition (Nama of cematary, crematory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service Licensee Romand S. Wade, Director 22. Nema end Addrass of Facility
State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Palt 1. Enter the diseasa, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or respiratory arrest, sheek, or heart failura. List only one cause on each line. Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner heimers siclan and burial-transit Sequantially list conditions, if any, laading to immedieta cause. Entar Undarlying Cause (Disease or Injury that initiated evants resulting in daath) Last Dua to (or as a consequence of): physician s the burial Records, P.O. Box 68760 that the death certificate be Physician/Medical Dua to (or as e consequence of): 88 attending esn b signed by the ald Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown by 24b. Wara sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen has 1 Yas 2 ₩No 1 ☐ Yas 2 ☐ No cartificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this cartiflet 25. Was case referred to medical Be 26. Pieca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Vursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No 2 funeral 28a. Data of Injury (Month, Day Year) 27. Mannag of Death 28b. Tima of 28c. tnjury at Work? 28d. Dascribe how Injury occurred Certification: 1 Neturel 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant in by the 3 Sulcida 6 ☐ Could not be datarmined 26f. Location (Street and Number or Rural Route Number, City or Town, Stata) 26a. Pieca of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicida Pilled 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha time, data and place, and dua to tha causa(s) and mannar as stated. 29a, Certifian Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data end place, and due to the cause(s) and menner stetad. 29b. Signature and title of gr 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name and address of person who complated causa of death (Item 23a) (Type, Print) 31. Deta filed (Month, Day, Yaar) Registrar's Signetura State MAR 3 1 1998 who Davidson-Randalle Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** Joanna M. Gryniewski 30 1998 12:50 A.M. March /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Rosedale Baltimore Franklin Square Hospital Center 8. Date of Birth (Month, Day, Year) If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 2₩F 216-28-3925 66 Yes Director May 4, 1931 Maryland Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 1 Yes 2 No Maryland Baltimore Rosedale Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 1103 63rd Street 21237 U. S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: à White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Grade Receptionist Architectual 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Joseph John Sapliva Mary Garczwicz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 420 Breslin Road, Joppa, Maryland 21085 Kelli Dubs (Daughter) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from State 4/2/98 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Cemetery Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Home Inc. Brian a. Willen 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting In deeth) /Medical 1 day Pulmonary Edema **Examiner** Due to (or as a consequence of): Examiner Possible Myocardia Ischemia 1 day Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 3 Probably 4 Unknown 1 Yes 2 No Possible Pneumonitis þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? Possible Sepsis completion of ceuse of death? 1 ☐ Yes 🏖 No 1 Yes 2 No Rule out Diabetic Ketoacidosis 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: ⅓ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2X No 0 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 K Netural 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 🗠 certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and menner es stated. 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. (Check only one) ananda 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 185504 0 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Dr. Savitha Shivananda 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Date filed (Month, Day, Year) MAR 3 1 1998 32. Registrar's Signature State ia Davidson-Randall

Registrar

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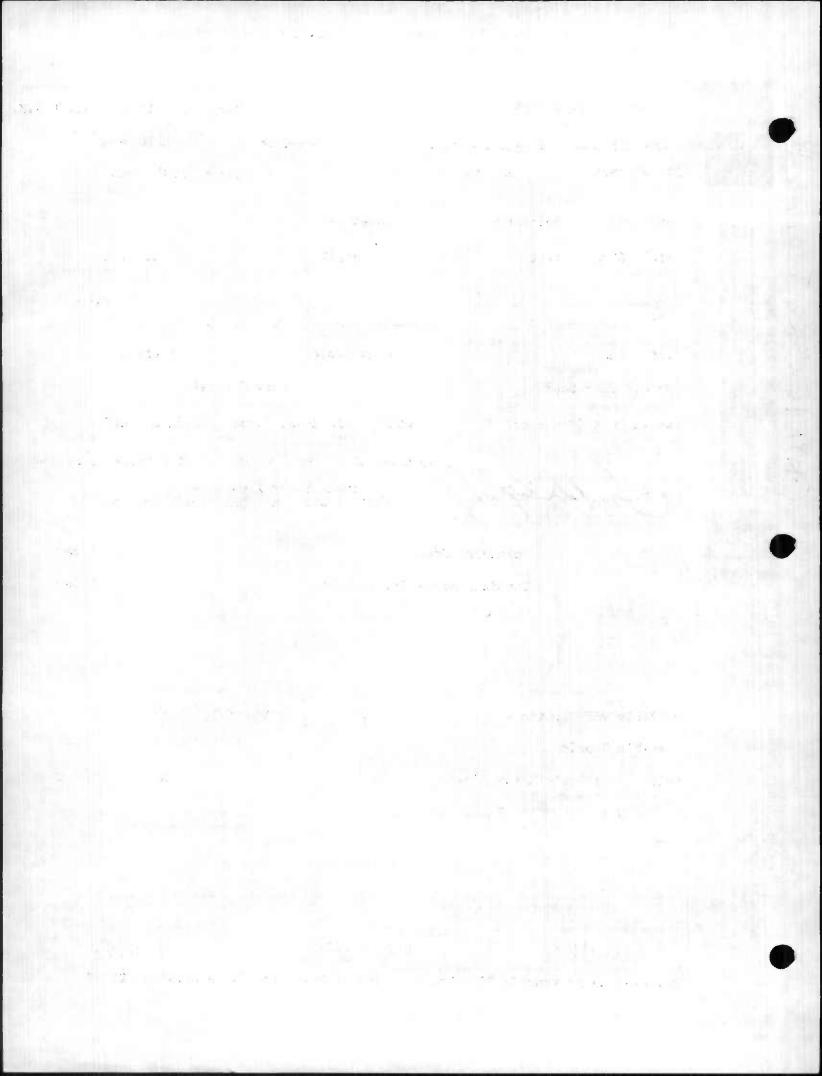
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has rector, pege 2

death certificate be axed P.O. Box 68760,

Vital Records,

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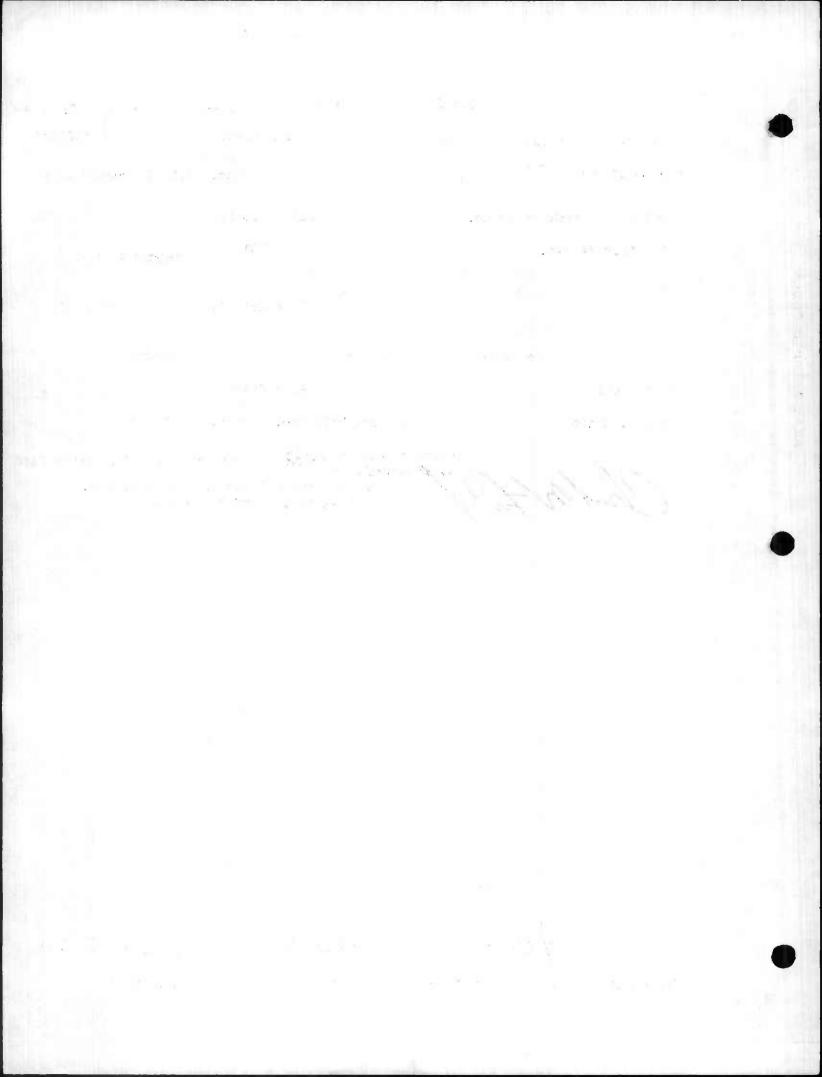
Baltimore, Maryland 21215-0020

AKA: Antonio Gomez

physician and the burial-transit The law requires that the death certificate be executed Box 68760. P.0. 130 signed by t Records, peeu hes page 2 cartificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

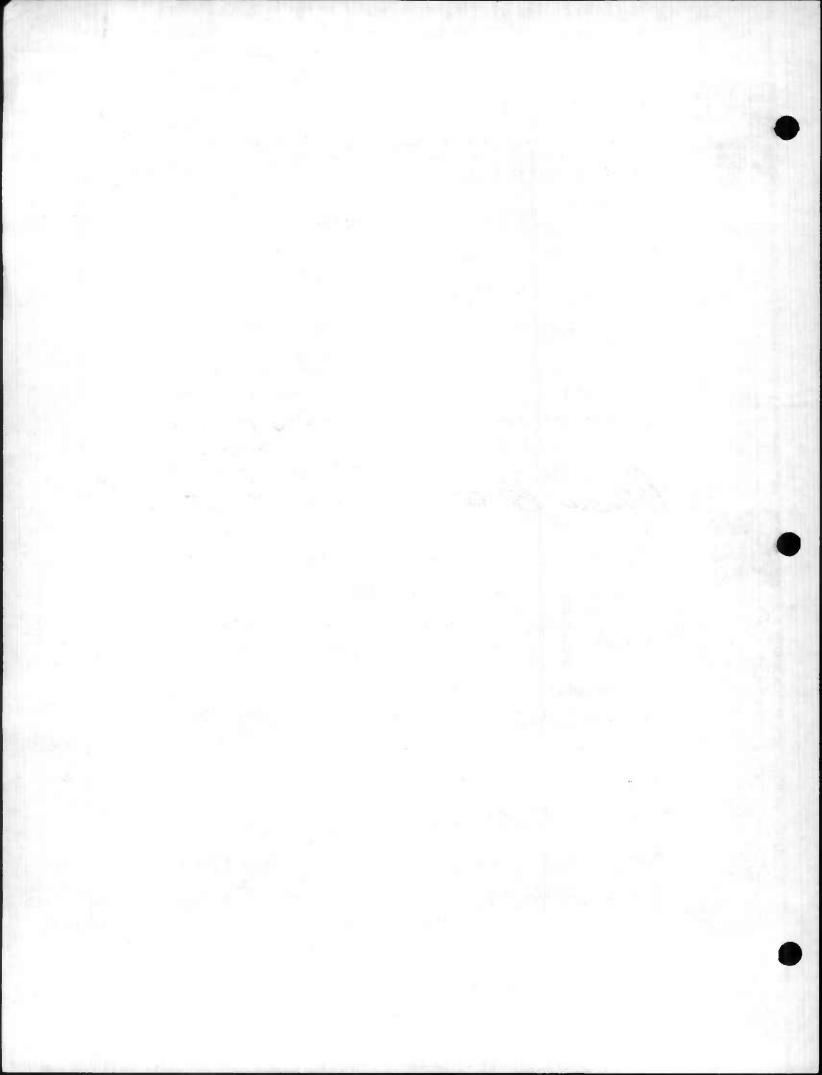
To the Funeral Director: After this cartifica completely filled in by the funeral director, DH Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Antonio Gomez 28, 1998 March 6:15 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Fort Howard Baltimore VA MHCS Fort Howard Division If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Hours 120 M 2□ F Yrs Director 220-34-3447 Dec. 15,1922 Puerto Rico 76 Usuei Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-4 show other traumatic event, the Medical Examinar must be notified at Silver Spring Maryland Montgomery Co. 1 Yes 200No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20910 8750 Georgia Ave. United States Funeral 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Maritai Status 1⊠ Yes 2 □ No If Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Married 1Ã Yes 2□ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Puerto Rican Hispanic Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within 72 th and Mental Hygiene. 7 Is marked other than "na Elementery/Secondary (0-12) College (1-4or 5+) 5+ Years Engineer Engineering 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surneme) Be Eugene Chico Anna Gomez 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 si Department of Health an Important: If item 27 ien any injury or other traus Juan E. Chico 625 Underhill Ave. Bronx, NY 10473 20b. Piece of Disposition (Neme of 20a. Method of Disposition 20c. Location - Cify or Town, State cemetery, cremetory or other place) Cemetario Nuevo Bario 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4/4/98 Fajardo, Puerto Rico 4 Donation 5 Other (Specify) Orencie 22. Name end Address of Facility
22. Name end Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc.
Duda-Ruck Funeral Home of Dundalk 2122 7922 Wise Ave. Part T. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each man. Approximate Interval Batw Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Lung Cancer 1Month Examiner Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Chronic Obstructive Lung Disease à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 8 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 1 Natural 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide 29a. Certifier 1 🚰 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. Medicai (Check only one) 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Duggirala, Bala, MD 9600 North Point Road Fort Howard, MD 21052 31. Date filed (Month, Dey, Year)
MAR 3 1 1998 32. Registrer's Signature State



State of Maryland / Department of Health and Mental Hygiene

					Certificate of	Death		Reg. No.	09883
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Exam		4a. Facility Name (If not institut				4b. City, Town, o	r Location of Deet	4c. County	of Deeth
		BAYVIEW M	EDICAL C	ENTER		BACTIM	ORE , M	0	N/A
Funera		5. Social Security Number	₩ 2DE	e (In yrs. last bi	irthday) If Undar 1 Yaar Months Deys	If Under 24 Hr Hours Mir	8. Data of Bir (Month, De	th ny, Year)	Birthplece (State or Foreign Country)
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or its		1 Never Married 2 1 Married 2	Armed Forces?	No E o E	If Yes, specify Cub		rto Hican, etc.)		ck, White, etc.
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On ding h. After	tion	Naturel 5 ☐ Pend			Injury Wo	rk?]Yes 2□No	200. Describe	now injury occur	160
Division of Vital Records, to attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be of	fica	3 Suicide 6 Could	not be	urv - At home, fe	erm, street, factory, office	7.00 2	28f. Location /	Street end Numb	ber or Rurel Route Number,
Division of attending Parties death. I Director: After the in by the funers	Certification:	4 ☐ Homicide	building, etc	. (Specify)	,,,,		City or To	vn, Stete)	
Div To the Hospital or within 24 hours afte To the Funeral Dir completely filled in		29a. Certifier 12 Certify	ing Physician: To the best of	of my knowledge	e, deeth occurred et the ti	me, dete end plea	e, end due to the	ceuse(s) end me	enner es steted.
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To the within 2 To the comple	Ž	29b. Signature end title of certifi	er		29c. Licans	sa number		29d. Date signe	d (Month, Dey, Year)
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10		30. Name end eddress of person	n who completed cause of d	eeth (Item 23e)	(Type, Print)				
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	ate	31. Dete filed (Month, Dey, Year) 39. Ragistra	r's Signature	2.00				BAKT, MI)
Regist	rar	MAR 3 1 19	98 gune va	widson-No	nation				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Eugene Burton Gladstone March 8:10 am 98 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Catonsville
If Under 24 Hrs. 8. Date o
Hours Min. Month harles town Center Baltimore Care If Under 1 Year 8. Date of Birth (Month, Day, Year) FEB 25, 1911 5. Sociei Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign **Funeral** Months Days 1₩ 2□ F 214-05-3903 87 Yrs. Director Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limita "natural", or items 23s or 28s-f show Director 1 ☐ Yea 2 ₽No MD Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Peges 1 and 2 should be filed within 72 hours efter death with tent of Health and Mental hygiene.
Int: If Item 27 is marked other than "natural", or items 23s or :
Inty or other traumatic event, Ita Medical Examinations 707 Maiden Choice Ln. Apt. 9116 21228 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 by 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Chemist Paint Manufacturing 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Charles Talbot Gladstone Catherine Gertrude Connolly 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 707 Maiden Choice Ln. Apt. 9116 Catonsville, MD a of Disposition (Name of Date 20c. Location - City or Town, State Caroline L. Gladstone/wife 20a. Method of Disposition 20b. Pieca of Disposition (Name of cemetery, crematory or other place) 1 ☐ Buriai 2 🛣 Cremation 3 ☐ Removal from State Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 03/30/98 | Baltimore, MD 21. Signature of Funeral Service Lice 22. Name and Address of Facility Cremation Society of Maryland, Inc. Elin 299 Frederick Rd. Baltimore, MD 21228 F. Ward A. Gregorchik

23a. Part1. Enter the disease, or combications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Aplastic Anemia disease or condition resulting in death) months Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physican e Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown) epresion Records, λq 24b. Were autopsy findings available prior to completion of cause of deeth? filled in by the funeral director, page 2 should Completed 24a. Was en eutopsy performed? After this certificate hes been 1 ☐ Yes 2 ☑ No 1 Yes 2 No Division of Vital Attending Physician: Be 25. Was case referred to medical 28. Place of Death (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 V Netural To the Hospital or Attendition within 24 hours after death.

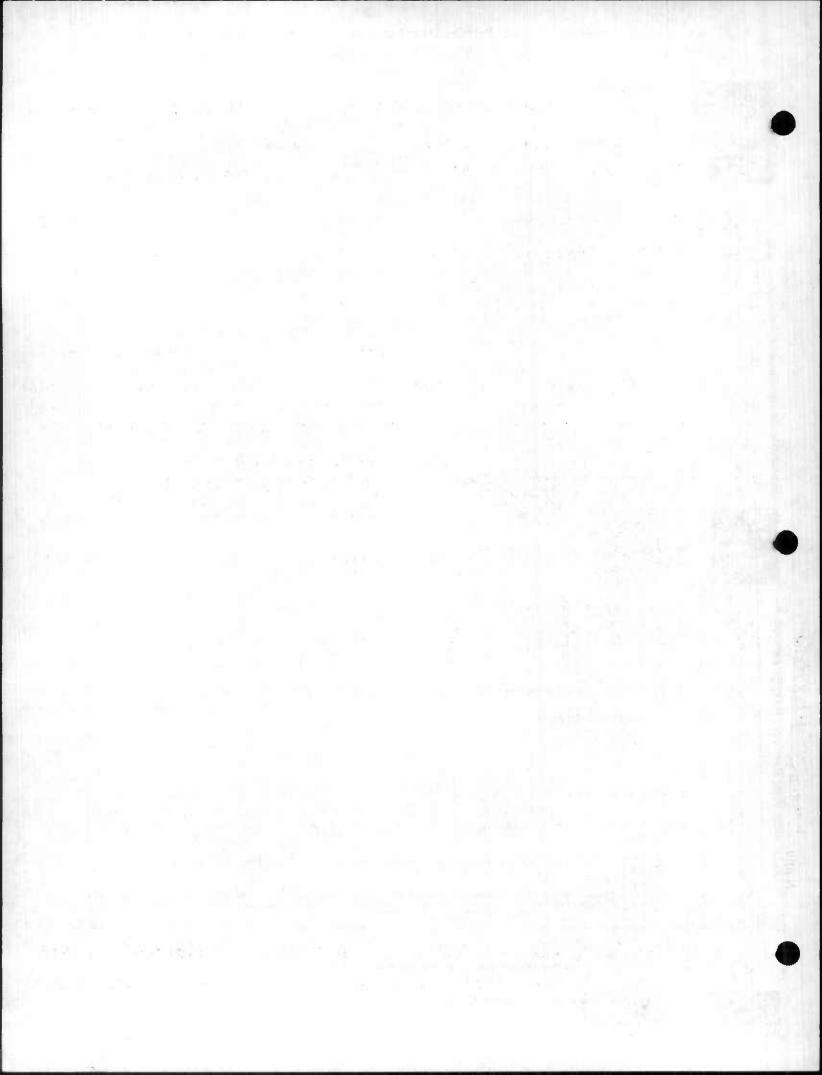
To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ SuicIde 28e. Piece of Injury - At home, farm, atreet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as atated.

2 Medical Examiner: On the best of examination and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) D 5105/ March 29

Marden Choice Lane, Catons ville, MD, 21228

State Registrar

Eugene

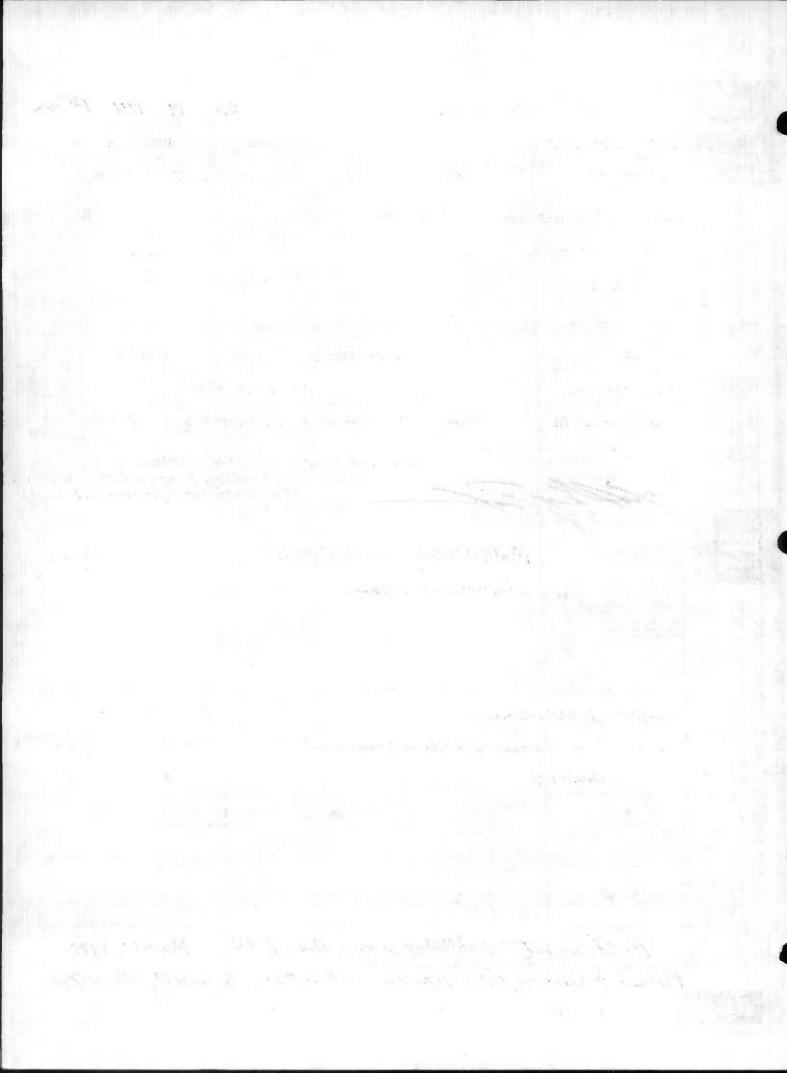


State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Daath 3. Tima of Death Month **Physiclan** 921 am 03 CARL FREDERICK GILL Sr. /Medical 4e. Facility Nema (If not institution, giva streat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hyattsville
If Under 24 Hrs. 8.
Hours Min. 3901 Queensbury Rd. Prince George 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 M 2 □ F Deys Yrs. 75 Director 579-16-5325 Julu 8, 1922 Virginia Usual Rasidanca of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other traumatic events. 10a, Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits Yes 2 No Directo Maryland Prince George Hyattsville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 3901 Queensbury Rd. 20782 U.S.A. Funeral 12. Wes Dacedant Ever in U.S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuben, Maxican, Puerto Rican, atc.) Race - American Indian, Biack, White, etc. 1 Navar Married 2 Merried 1 X Yas 2 □ No If Yas, Giva Yeer or Datas: 1 ☐ Yas 2 📉 No Specify: Completed by 3 ☐ Widowad 4 ☐ Divorced Specify: White 15. Dacedant's Education (Spacify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Plumbing Master Plumber 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 John Tyler Gill Agnes H. Huseman 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. intormant's Name/Raiationship (Type, Print) Wife Melbalene L. Gill 3901 Queensbury Rd. Hyattsville MD 20782 20a. Mathod of Disposition 20b. Place of Disposition (Name of camatary, cramatory or other plece) 20c. Location - City or Town, Stata 1 ☐ Burial 2 XCramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Potomac Crematory 3-21-98 Dale City, VA 21. Signatura of Funarai Sarvice Licansaa 22. Nama and Address of Fecility A Dignified Funeral & Cremation Serv 18401 Cedar Drive Triangle, VA 22172 233. Part 1. Enter tha disaasa, or complications that caused tha daath. Do not antar tha moda of dying, such as cerdiac or raspiratory arrast, shock, or haart tailura. Listoniy ona causa on aach lina. Approximata Intarval Batw Onsat and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical a. Multi-Vessel Coxchel Infarets
Dua to (or as a consaquance of): Examiner Examiner (arebiovesular Discuse Sequantially list conditions, if eny, laading to immediata ceusa. Entar Undarlying Causa (Disaasa or injury that initieted evants resulting In daath) Last Dua to (or as a consequence of Box 68760 Physician/Medical The law requires that the death certificates Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 20Yes 2 No 3 Probably 4 Unknown Isheri Heart P. sense þ 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed 24a. Was en autopsy parformed? Chroicley disase seenly to snoking and abectosis 1 Yas 2 No After this certificate I or Attending Physician: after death.
Director: After this certifica 25. Was cesa ratarred to medicei axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 25 No Othar: 4 Nursing Home 5 Pasidance 6 Othar (Specify) 27. Mannar ot Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28d. Dascribe how injury occurred 28b. Tima of 5 Panding Investigation 1 Natural 2 Accident 1 ☐ Yas 2 ☐ No in by the 6 Could not be datarminad 3 Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stata) 4 - Homicida within 24 hours aft To the Funeral Di completely filled in Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner steted. 29a. Cartifier Medicai (Check only one) 29b. Signatura and titia ot certitian 29c. Licansa number 29d. Deta signed (Month, Day, Year) 0 D22117 M W) - Attenty (Mysican erson who completed ceusa ot death (itam 23a) (Type, Print) 2500 Hower Pluy +204, Greenbelt, MD 20770 mo;

Registrar

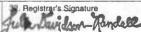
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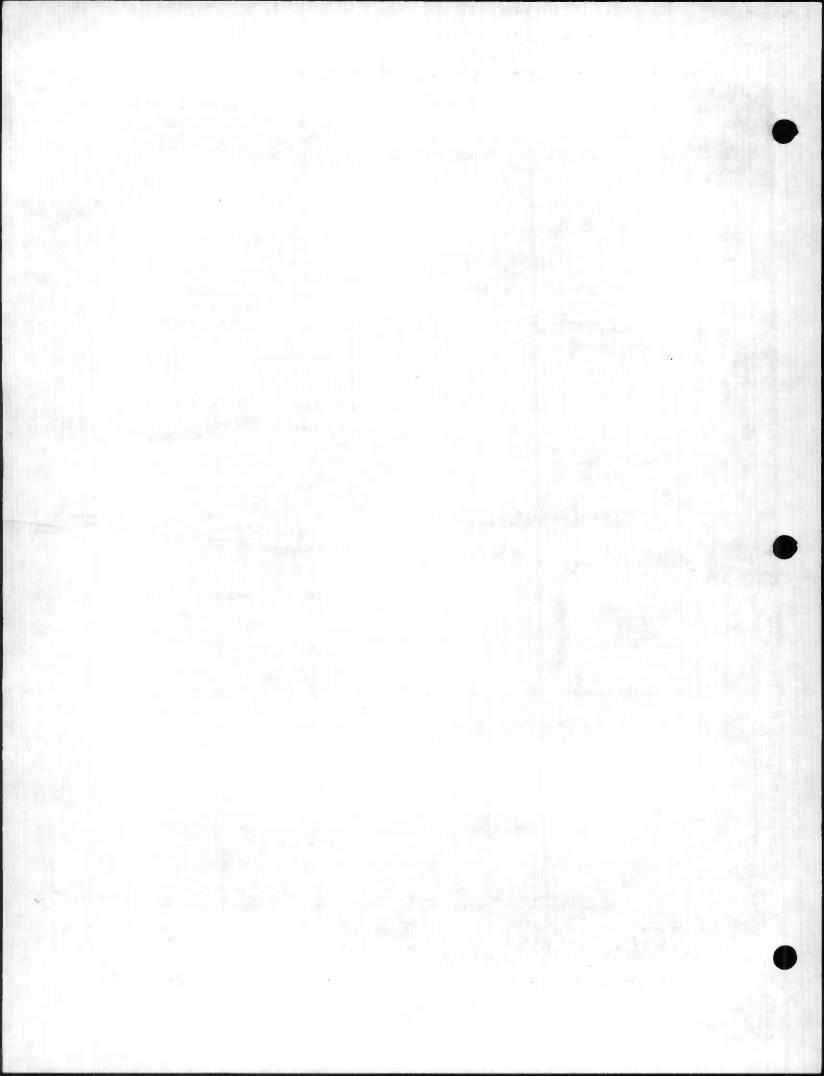
32. Ragistrar's Signature



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Director	10e. S	Street and Numb					10f. Zip Code			10g. Citizen of	What Coun	try?	
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by Funeral	11	Marital Status ☐ Never Merried ☐ Widowed 4		12. Wes Deceded Armed Force 1 Tyes 2 If Yes, Give Yeer or Dete	es? 【XNo	H	Vas Decedent of Yes, specify Cu I ☐ Yes 2 ☑ N	f Hispenic Orlgin? uban, Mexican, Pu o Specity:	(Specify Yes or lerto Rican, etc.)		ce - Americ eck, White, of	etc.	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day 1998 Month March 20, Louise Cavalier Hyman 10:20 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore City Hospice of Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 □ M 2 🖾 F 78 Yrs. 1919 Maryland 218-14-6852 Usual Residence of Decedent 10a Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yes 2 No Maryland Baltimore City Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6601 North Charles Street 21204 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Research Associate Hospital 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Louis Abraham Cavalier Esther Gordon 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lois A. Jefferson/daughter 1362 St. Paul Street, Denver, Colorado 80206 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Ronald S. Wade, Director 22. Name and Address of Facility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, lock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death proceetic Concer mutastati Immediate Cause (Final 6 muster disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) that initiated events resulting in death) Lest Due to (or as a consequenca of): Part It. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

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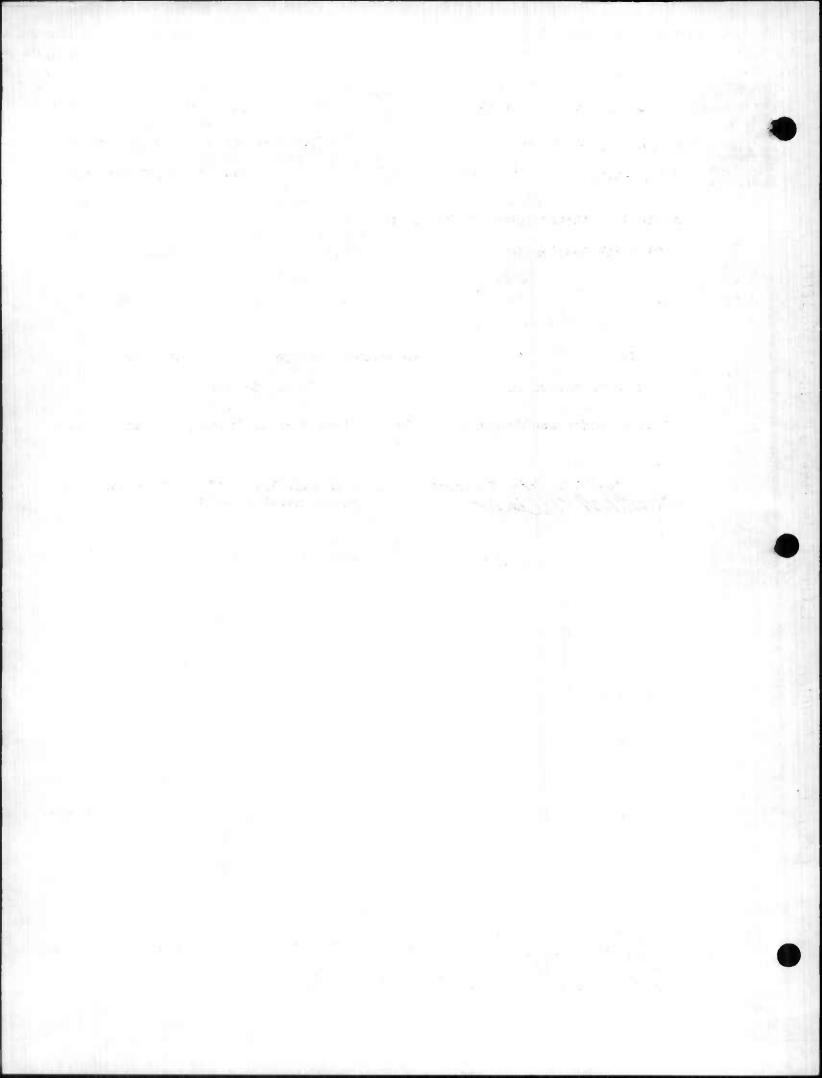
30. Name and address of person who completed cause or again (Item 23a) (Type, Print)
W.A. Riley GBMC 600NN. Charles St. Balto. Md. 21204

29d. Date signed (Month, Dey, Year) March 21, 1998

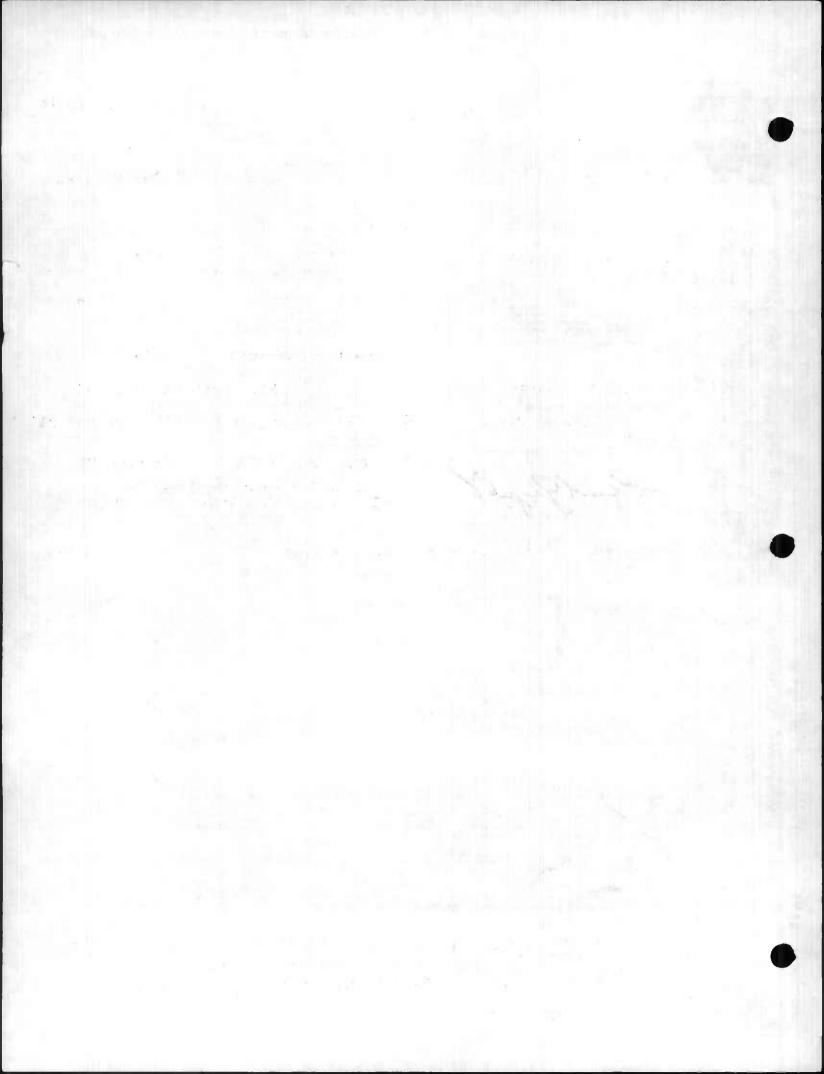
1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted.

2 Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

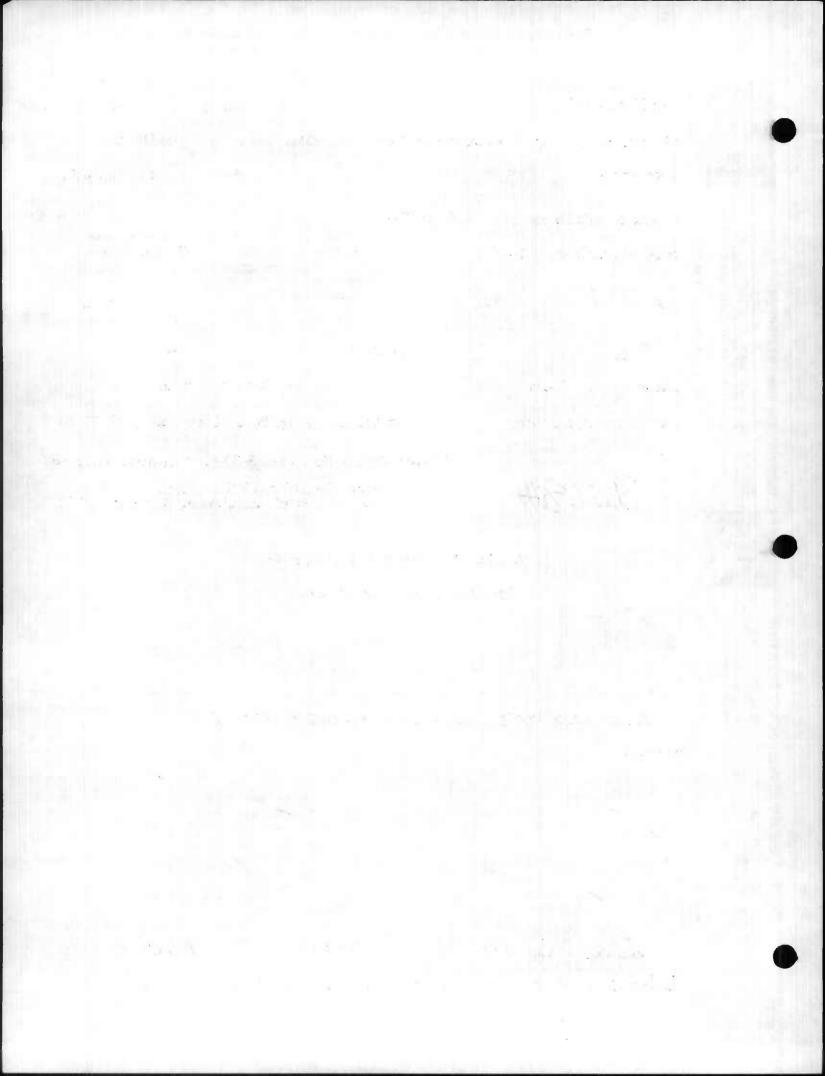


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niner	4a Facility Name (If not institution, give ST. AGNES			51100	4b. City, Town, or I BALTI	Location of Death				
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00	17. Father's Name (First, Middla, Last)					18. Mother's Name (First, Middle, Maiden Sumame)				
0	Robert Coa	ates			zabeth	abeth Mae Weigandt				
4	19a. Informant's Name/Reletionship	**		lailing Address (Stree						
	Carol Ann Hughes/			241 01d 1						210
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edicai C	29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of my niner: On the basis of exa and manner stated.	y knowledge, d minetion and/d	eeth occurred at the or Investigation, in my	time, date and place opinion, death occu	e, and due to the curred at the time, c	euse(s) and modate and place,	enner as s and due t	itated. o the cause	(s)
Me	29b. Signature and title of certific	B			nse number 04470	1	29d. Date signe			
>	30. Neme and address of person who	S HOSPITAL	(Item 23e) (Ty 900	rpe, Print) PA: Catch Au	Baltimu	Y, MD =	N, MD			
tate trar	31. Date filed (Month, Day, Year) MAR 3 1 1998	32. Hogistrac's	Signature P	ndell						



State of Maryland / Department of Health and Mental Hygiene

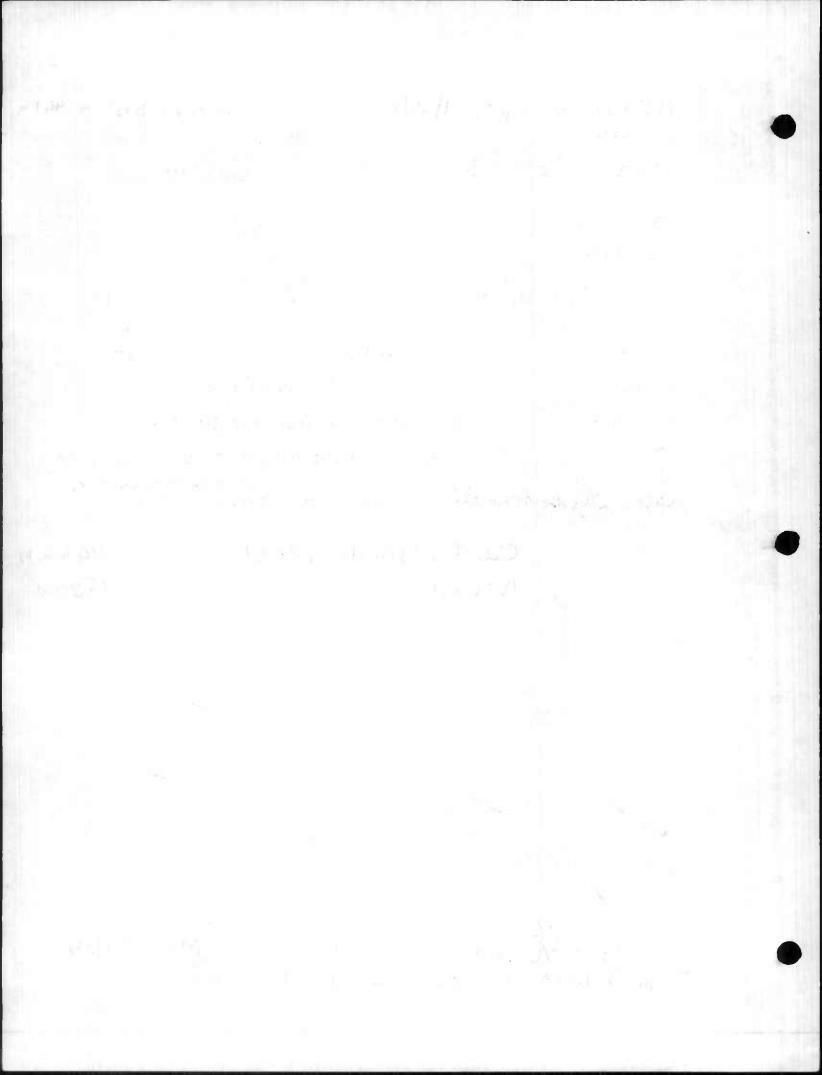
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ntar the disease, or r heart failura. Lis	car	t			Mitchel 6500 Yo	l-Wiedefe ork Road	Baltimore	e, Maryl	and 2	21212				
ist conditions, to immediate Underlying se or injury wents eath) Last	6 c d		Due to (c	MOTO or as a consecutive as a consecutiv	quence of): QUY Di quence of):	NOMBOSUS SLASE								
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WE IN	m ST	NGE	CHAO	MC OX	SSTRUCT	IVE PUZM	owncy			oly 4 Unknow				
SE				-			24a. Was perfo	an autopsy ormed?	availa	autopsy findings able prior to letion of cause ath?				
									1 🗆 Y	as 2□ No				
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ent inves de 8 ☐ Could	d not be	28e. Place of In	M 1 Yes 2 No			1 ☐ Yes 2 ☐ No				loute Number,				
1 Certify 2 ☐ Madica	ring Physicia al Examinar:	On the basis	of examine	wledge, deatl stion end/or in	h occurred at the	ne time, date end plac my opinion, deeth occ	e, and due to the curred at the time,	ceuse(s) and ma date end place,	nner as state and due to th	e cause(s)				
and title of certif	fiar A	and mailler 3			29c. Li	cense number		29d. Date signed	d (Month, Day	y, Year)				
29b. Signature and title of certifiar						5931		March	28,19	798				
Whenh!	4 xce				Print)			150 4						
Ochember address of person	1	leted ceuse of	7221	Dowl-	Unicht	a Arrania T	201+1	MT) 21	200					
2 6 3	referred to medic 2 No Death 1 5 Pend inves ent inves the 8 Coul dete 1 Certify 2 Madici	referred to medical 2 No Hos Death 1 5 Pending 1 investigation 1 Could not be 1 determined 1 Certifying Physicia 2 Madical Examinars	referred to medical 2 No Death In the spital: 1 Inpat 28a. Date of In (Month, D) 28b. Place of In building, so 1 Could not be determined 28b. Place of In building, so 2 Madical Examiner: On the basis and manner so and title of certifiar Description: All the spital: 1 Inpat 28b. Date of In (Month, D) 28b. Place of In building, so and title of certifiar	referred to medical 2 No Hospital: 1 Inpatient 2 Death 5 Pending investigation be determined 28e. Date of Injury (Month, Day Year) 2 Re. Place of Injury - At he building, etc. (Specified) 1 Certifying Physician: To the best of my kind and manner stated. The and title of certifier Contact of the pass of examiner and manner stated. The analysis of person who completed cause of death (Iter	referred to medical 2 No Hospital: 1 Inpatient 2 ER/Outpatien 1 Inpatient 2 ER/Outpatien 28a. Date of Injury (Month, Day Year) 1 Could not be determined 28e. Place of Injury - At home, farm, st building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, deat and manner stated.	referred to medical 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Death 1 5 Pending investigation lee 8 Could not be determined 28e. Place of Injury At home, farm, street, factory, of building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the send manner stated.	referred to medical 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Death Injury at Work? Injury at Work	referred to medical The specific content of the period	referred to medical The continuous contin	24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were availa comp of dea 1 yes 2 No 2 yes 2 No 2 yes 2 Yes 2 No 2 yes 2 Yes 2 No 2 yes 2 Yes 2 Yes 2 Yes 2 N				



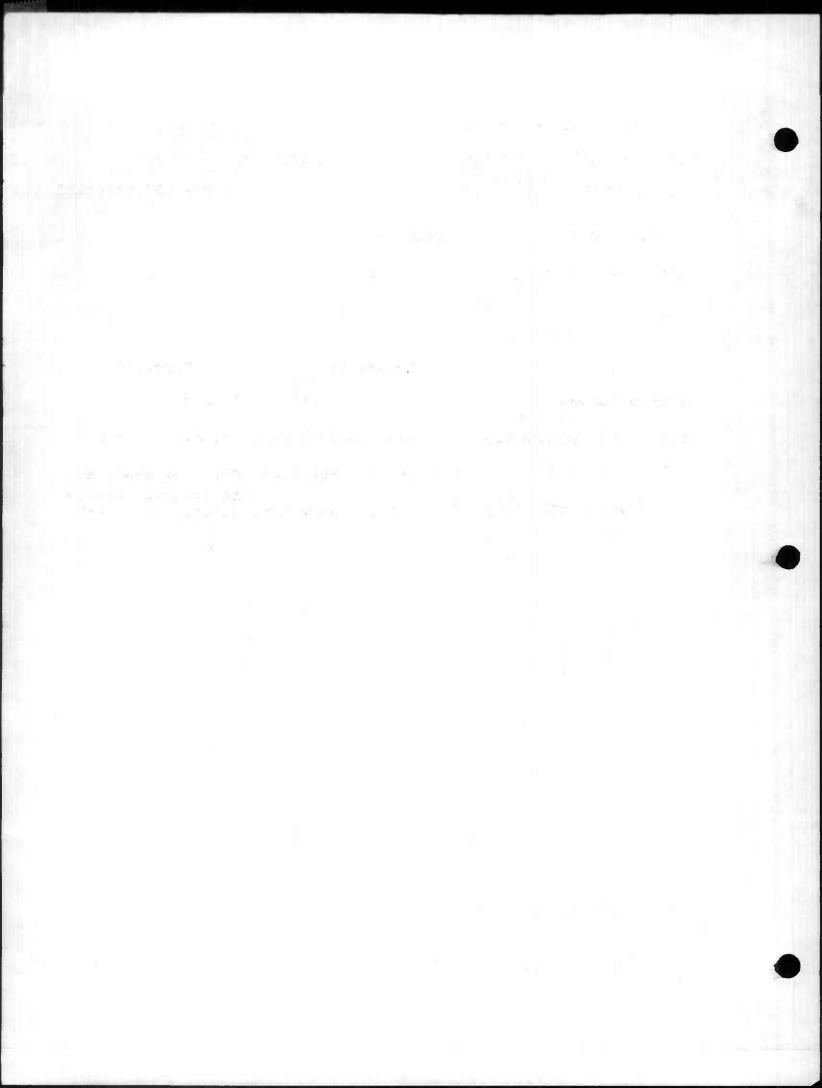
State of Maryland / Department of Health and Mental Hygiene ?

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Deeth **Physician** Kenneth 4:44 PM March 29,1998 /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Good Samaritan Hospital Baltimore 5. Sociel Security Number if Under 1 Year if Under 24 Hrs. 7. Age (In yrs. last birthday) **Funeral** 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **X**XM 2□ F Months Deys Hours Yrs. 172-30-8565 57 Director April 3, 1940 Ohio Usuei Residence of Decedent the Maryland 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2√ No Director Maryland Harrford Joppatowne 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 412 Latimer Road 21085 USA Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bieck, White, etc. 11 Maritei Stetus filed within 72 hours efter 1 ☐ Never Merried 2XX Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Àq 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) permit. Pages 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event. Elementery/Secondary (0-12) College (1-4or 5+) Chauffeur Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Norval Kenneth Hale Virginia Riley 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Shirley A Hale Wife 412 Latimer Road Joppatowne Maryland 21085 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 X Buriel 2 Cremetion 3 Removel from State Dulaney Valley Memorial Gardens 4/2/98 Lutherville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Sanature of Funeral Service Licensee 22. Name end Address of Fecility Mitchell-Wiedefeld Home Inc. 6500 York Road Baltimore, Maryland 21212 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. ntervel Between Onset end Deeth **Physician** Cardirespiratory angt /Medical immediate Cause (Final 44 minutes diseese or condition resulting in deeth) Examiner ASCVO Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Pres 2 No 3 Probably 4 Unknown signed b Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peed page 2 certificate 1 ☐ Yes 2 10 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifica Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) in by 4 Homicide 15 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. Medical 29a. Certifier 29b. Signature and life of certifier 29d. Date signed (Month, Dey, Yeer) 29c. License number March 29,098 of person who completed ceuse of deeth (Item 23a) (Type, Print) 32. Redistrar's Signature
Tuna Davidson-Randall 31. Dete filed (Man) State Registrar

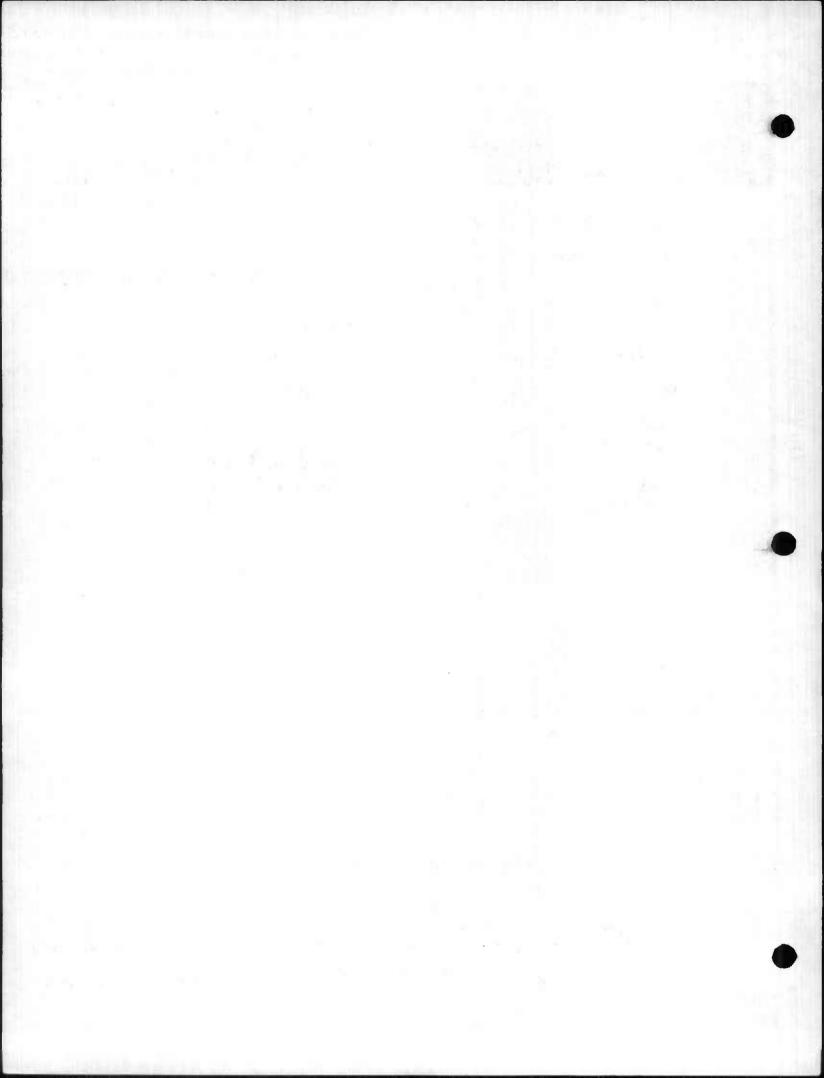


			State of M	faryland / Depa <i>Cel</i>	artment of I rtificate of		ntal Hygie Reg	90	09891
	Physica /Medi Examir	cal	Decedent's Nama (First, Middle, Last) Bernice Evelyn Harri 4a. Facility Name (If not institution, give streat and number)	S		2 γ 4b. City, Town, or Loca	Date of Death Month Murch tion of Death		aar 3. Time of Death
	Funeral Director		Union Memorial Hospita 5. Social Security Number 6. Sex 1 M 24 F 7. A		If Undar 1 Year Months Days	Baltimore If Under 24 Hrs. 8 Hours Min.	Data of Birth (Month, Dey, Y		. Birthplaca (Stete or Foreign Country) Iaryland
1	tha Maryland 28a-f show	or	Usual Residence of Decedent 10a. State 10b. County	10c. City, Town or Lo			20	133011	10d. Inside City Limits 1 □ Yes 2 □ No
	uth with the I 23a or 28a- cat be notif	i Director	Md. N/A 10e. Street and Number	Baltimor	10f. Zip Code		10g	. Citizen of Wha	at Country?
020	aftar daa or Items	by Funeral	4429 Shamrock 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Armed Forces 1 Yes, Give Yaar or Dates:	? if	21206 Was Dacadant of If Yes, specify Cub	Hispanic Origin? (Speciforan, Mexican, Puarto Ric	y Yas or No- can, etc.)		Americen Indian, Whita, atc. Black
21215-0020	d within 72 hours giena ir than "netural", ine Medical Exa	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or	cetion 16a. Decedent's Usual (Give kind of work lifta. DO NOT use Housewill		vork done during most of working use retired)		16b. Kind of Business/Industry Domestic	
Maryland	る直り	To Be C	17. Fathar's Nama (First, Middle, Last) George Norton			18. Mother's Name (F		iden Sumeme)	
	1 and 2 : Haaith ar em 27 la other trau		19e. Informent's Name/Relationship (Type, Print) Ruth Down (Daughter) 20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ Removal from State	4429	Shamr	tend Number or Rural F OCk Ave.	Balto.	, Md.	
Baltimore,	permit. Pagas Department of I Important: If ite any Injury or o		4 Donetion 5 Other (Specify) 21. Signatura of Funaral Sarvice Licansee	John Wes	. Name and Addre	urch Cem. ess of Facility Cap ner Ave.	le Fun	eral S	on, Md. Service
	Physiclan		23a. Part1. Entar tha disease, or complications that cause shock, or haart feilure. List only one cause on each	ed the death. Do not ante					Approximeta interval Between Onsat and Death
	/Medical Examiner		Immediate Cause (Final disaase or condition resulting in death)	ep5'5 Due to (or as a conseq	juence of):	Δ	27-2		1 day
68760,	sician and	al Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or as a consequently dium [Difficile	Colitis Infect	Pair		2 days
Box 687	daath cartilicata be a attanding physicia of for usa as the bu	by Physician/Medical	resulting in death) Last	Due to (or as a consequ	uence of):				
P.O.	tha d		Part II. Other significant conditions contributing to death I	iven in Part I.	23b. Did tobacco usa contributa to the cause of dea 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unkn				
Records,	a law requir has been s ga 2 should	Completed	Chronic Benal Fai	lure			24a. Was an a performe		24b. Were eutopsy findings available prior to complation of causa of death?
Vital	Physician: Tha le this cartificata ha ral director, paga	o Be Co	25. Wes cesa referred to medical examiner? Hospital:			26. Place of Death (Cher:		25,460	1 ☐ Yes ② No
of	D a e	ertification: To	27. Manner of Death **CNetural 5 Pending (Month, De 2) Accident Investigation	ury 28b. Tima of	28c. inju	4 LI Nursing Home	5 ☐ Residence d. Describe how		(Specify)
Division	To the Hospital or Attendir within 24 hours aftar death. To the Funeral Director: All completely filled in by the fu	O	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of in building, e	ijury - At home, farm, stre tc. (Specify)		City or Town, Stete)			
	the Hos thin 24 h	Medical	(Check only one) 2 Medical Examiner: On the basis of end manner st	of exemination end/or inv	estigetion, in my	opinion, death occurred	at the time, date	and place, and	due to the ceuse(s)
	T W T		29b. Signature and title of certifier 30. Name and address of person who completed ceuse of	death (item 23a) (Type, I			205	Naud	Month, Day, Year)
ı	Sta Registr	te	Fracey Conti 201 & Com		way Bu	1/time me) वार्र	18	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				otato of Marylan		ate of Death		g. No.	09892
	Physici	an	Decedent's Neme (First, Middle, Last	(50)	\ \	5	2. Date of Deat Month		Year of Deeth
	/Medic	al	Charles	Edward	90 KW	2 2c	Mora	727,1	998 8:45A
	Examir	ier	4a. Facility Name (If not institution, give	(CENTER	4b. City, Town,	or Location of Death	4c. County of	
	Funeral		5. Sociel Security Number 6. S	OX - 7. Aga (fru)rs		der 1 Yaar If Undar 24 F		Na (-	9. Birthplaca (State or Foreign Country)
	Director		215-12-44-0	D-M 20 F	Yrs. Month	ns Deys Hours M	lin. JUNE 2	1 1919	Country) MD
	pus au		Usual Rasidance of Decedent 10a. Stata 10b. County	10c. Q	ity, Town or Location				10d. Inside City Limits
	ith the Marylar or 28a-f show as notified at	tor	md Balt	MORE H	IKESU	ILE			1 Yes 2 No
	10 Pe	Oire	10e. Street and Number	0 0	10f.	Zip Code	10	Og. Citizen of W	hat Country?
	ath w	rai	4610 Panace			51508		USG	
020	urs after death with the Maryis af, or items 23s or 28s-f sho Examiner must be notified at	by Funeral Director	11. Marital Stetus 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedant Evar In L Armed Forces? 1 ☑ Yes 2 ☐ No ↓ 6 If Yes, Give Year or Dates: ↓ ↓ 2	2.41 1□ Yes	cedent of Hispenic Origin? pecify Cuban, Mexican, Pu 2 DNo Specify:	(Specify Yas or No- arto Rican, etc.)		- Amarican Indian, , White, etc.
21215-0020	72 hours naturef., fical Exa	ted	15. Decedent's Ed	ucation	16a Decedent's U	sual Occupation		16b. Kind of Bus	elness/Industry
218		Completed	(Specify only highest gra	College (1-4or 5+)		work done during most of v ruse retired)	working	1	· 4
	be filed withintal Hygiene. d other than event, the M		17. Fether's Nama (First, Middle, Last)	NA	CONS	teuction	(OBST	suction (o-
Maryland	d be d be d be d be d be d be d be d be	Be C	Harrison -	lahas		18. Mother a	Neme (First, Middle, M		
ary	s 1 and 2 should I Health and Man Item 27 is marke other traumatic	7	19a, Informant's Name/Reletionship (Type, Print)	19b. Melling Addr	ess (Street and Number or	Rural Route Nymber,	City or Town, S	
	1 and 2 Health a em 27 is other trax		Linda Willi	ams- baug	. 4610 f	apacea	Rd. Pil	KESUIL	ie md. 21208
ore	Pages 1 nent of He nrt. If fleet ary or oth		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐		Place of Disposition (fi cemetery, cramatory of	Vama of or other place)		20c. Location - C	City or Town, Stata
Baltimore,	sermit. Pages 1 and 2 should be begantined of Health and Merita mportant: If them 27 is anarked any injury or other traumatic evices.		4 □ Donation 5 □ Other (Specify	ω	d. Nat.	Men. Kerk	3.31.98	Laure	1 mg
Bal	Depar Impor any it		21. Signature of Funerei Service Licen	L A	22. Name	end Addrass of Facility	fungeal	Home	West Fre
	_		23a. Parti. Enter the disease, or compshock, or heart flure. List only	olicetions that caused the dee	th. Do not enter the m	ode of dying, such as card	liac or respiretory erre	to, MC	Approximete
	Physician		shock, or heart liure. List only	one cause on each line.		1			Interval Between Onset end Deeth
7	/Medical Examiner		Immediate Ceuse (Final disaesa or condition rasulting in deeth)	· neta	etatic i	uny (s	ncer		6 more
		er	rasulting in deeth)	Due to (or as a consequence of	-	<u>.</u>		
	uted	Examiner		b.	or es e consequenca d	wh.			
o,	ificate be executed g physician and es the burial-transit		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying	500 10 (or es e consequenca o	,,,,			
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-	ding p	-		d					
Box	death cert attendin d for use	iciar	Part II. Other significant conditions of	notributing to death but not rec	uiting to the underbile	- course short in Doct (22h Dideal		white to the source of death?
P.0	thet the de ad by the detached	Physician/	rath. Other significant conditions of	simpoung to death but not ras	suiting in the uncertyin	g cause given in Pert I.			ributs to the cause of death? 3 Probably 4 Unknown
Ś	bengi pep ed	þ							
Vital Records,	The law requires thet the death cert ate has been signed by the attendin page 2 should be detached for use	Completed					24a. Was er perform	n autopsy ned?	24b. Were autopsy findings available prior to completion of causa of death?
<u>a</u>	: The le						1□ Ye	s 2 No	1 Yes 2 No
N N	Attending Physician: Thir death. sctor: After this certificate by the funeral director, par	o Be	25. Was casa referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospitei:	BR/Outpatient 3□	Other	Deeth (Check only one		
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io	ath. r: After he funer	atio	1 Netural 5 Pending 2 Accident investigetion		Injury M	1 Yes 2 No			
Division	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homloide determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, street, fact	ory, office	28f. Location (Str City or Town		r or Rurai Routa Number,
R	pital ours a gral D	Ce	29e. Certifier 12 Certifying Phy	wholen. To the best of well-	ded-a death com-			(-)	
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	To the Hos within 24 h To the Fun completely	Me	29b. Signature and to of other	10	- 2	29c. License number	29	d. Date signed	(Month, Day, Year)
			TIMEN	mythley	~	175205		Mer	eh 27, 1988
			30. Neme end address of person who d	ompleted cause of death (Iter	m 23a) (Type, Print)	Charles C	+ BO	hon	ch 27, 1998 12 21205
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registrar's signa	Davidson Rand	1.00	- / 600	0.77	200
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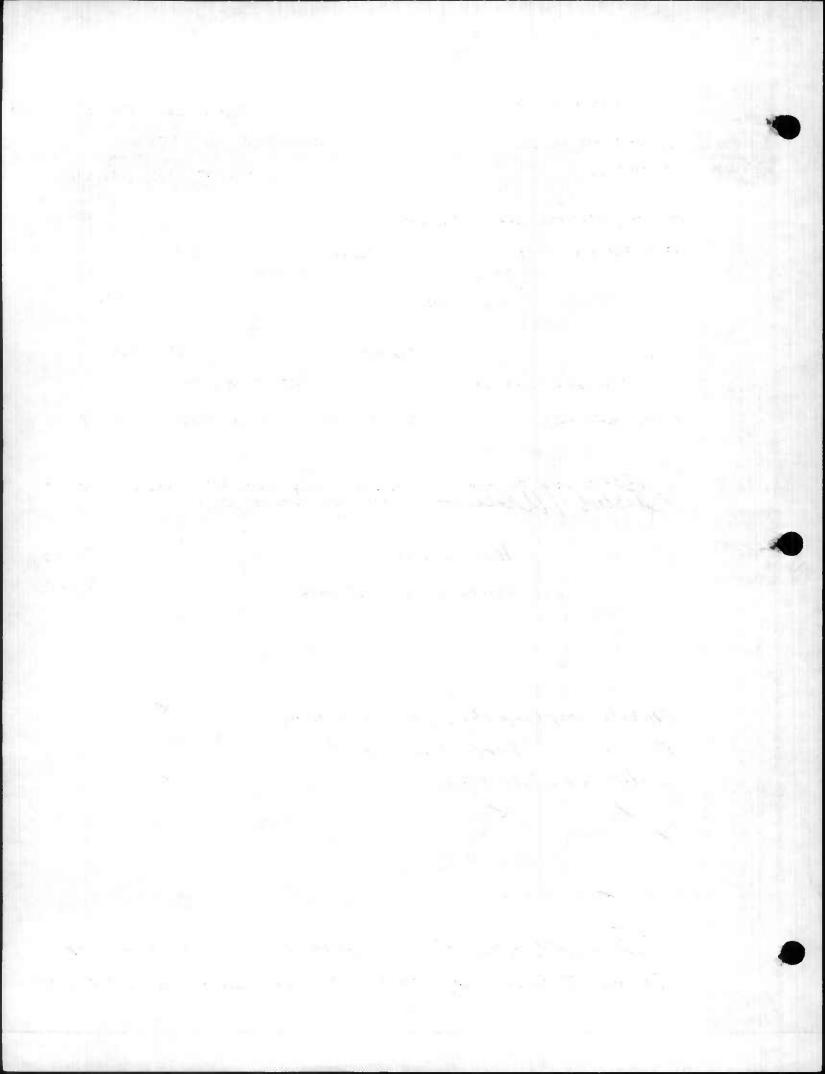
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** John Fountaine Jones, Jr. 1998 MAKEN 0320 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Sacred Heart Hospital Allegany Cumberland 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 65 Yrs. If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Days 1⊠M 2□F Hours 216-30-3402 **Director** Feb. 27, 1933 Delaware Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland nent of Health and Mental Hygiene. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Moussal Examinar must be inorfied at 1 X Yes 2 No Maryland | Baltimore City Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1102 Gittings Avenue 21239 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Yaar or Dates: 1953-54 1 Never Married 2 1 Married 21215-0020 1 ☐ Yes 2 IX No Specify. Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry l Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Teacher University 12 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) John Fountaine Jones, Sr. Julia Eleanor Ouill 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a : If item 27 is or other tran Andrea Bowden/wife 1102 Gittings Avenue, Baltimore, Maryland 21239 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If eny Injury or 4 ☑ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility
State Anatomy Board, 655 W. Baltimore Street 21. Signature of funeral Service Licenses Ronald S. Wade Director Baltimore, Maryland 21201 24a. Part . Enter the disease, or complice shoot, or heart feilure. List only one inplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one ceuse on each line. Onset and Death Physician Hepatic Failure Immediate Cause (Final disease or condition resulting In death) /Medicai Examiner 30 years Circhosis, ideopathic or Attending Physician: The law requires that the death certificate be executed effer death.

Offector: After this certificate hes been signed by the ettending physician end buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last Box 68760, Physician/Medical Due to (or as a consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Dip Letic replacepathy, Diabetes mellitus 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Meningio mas, Saproidoses, gout Palmonay atalectasis 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Matural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicida 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) in by 4 - Homicide 24 hours e completely filled 29e. Certifier 1 🗹 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) end manner as steted. Medicai (Check only one) 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 To the 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 021488 March 22, 1988 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 20 Douglas Ave Lonaconing, ml 21539 Devlis Registrar's Signature 31. Date filed (Month, Dey, Year) State

DHMH 16 Ray 6/95

Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** William Gilbert Johnson 26,1998 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore hosedal Franklin ente Mare tospital If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months Days 1⊠M 2□ F 74 216 18 9491 Director 1923 1,_ Maryland Usual Residenca of Decedent 10a Stata 10b. County 10c City Town or Location the Marylen items 23s or 28s-f show Maryland N/A Baltimore Directo 10f. Zip Code 10g. Citizan of What Country? 10e. Street and Number 3813 Gough St. 21224 U.S.A. Jilliam G. Johnson Race - American Indian, Black, White, etc. 12. Was Dacedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 🕱 No Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status traumatic event, the Medical Examiner 1 Navar Marriad 2 Married White ò 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Pages 1 and 2 should be filled within 72 hours nent of Haalth and Mental Hygiena. nt: If Itam 27 is marked other then "naturel", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry

Elementery/Secondary (0-12) College (1-4or 5+) Warehouseman 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) George Washington Johnson Anna Pauline Wolfe 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Lillian Johnson (Wife) 3813 Gough St. Baltimore, Md. 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Greenmount Crematory 3/30/1998 4 ☐ Donation 5 ☐ Other (Specify) e of/Runeral Service Ligensee 22. Name and Address of Facility

Durkouske

Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md.

1407 Old Eastern Averlue Los and Lenter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, thick, or heart failure. List only one cause on each line.

immediate Ceuse (Finel

disease or condition resulting in death) Carcinoma Lamous

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or estal consequence of):

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case referred to medical examiner?

1 Yas 25 No 27. Menner of Death

5 Pending investigation 1 Natural 2 Accident 3 ☐ Suicide 4 - Homicide

6 Could not be determined

1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28e. Dete of Injury (Month, Day Year)

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 2 No

26. Place of Death (Check only one)

24e. Was an autopsy

1 Yes

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

2 No

15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated. (Check only one) 29b. Signature and title of certifier

29c. License number

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32 Agristrat Signature

State Registrar

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Department of Haalth mportant: If Itam 27 I

Physician /Medical

Examiner

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peen page/2

certificate

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After

after death.

24 hours

To the within 2

funeral director.

signed t

P.O. Box 68760,

Division of Vital Records.

Hospital or Attanding Physician:

Examiner

Physician/Medicai

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Completed

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Certification:

edical

29e, Certifier

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DHMH 16 Rev 6/95

3. Time of Death

10d Inside City Limits

1 Yes 2 No

Paint Mfg.

20c. Location - City or Town, State

Baltimore, Md.

Approximate Interval Between Onset and Death

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

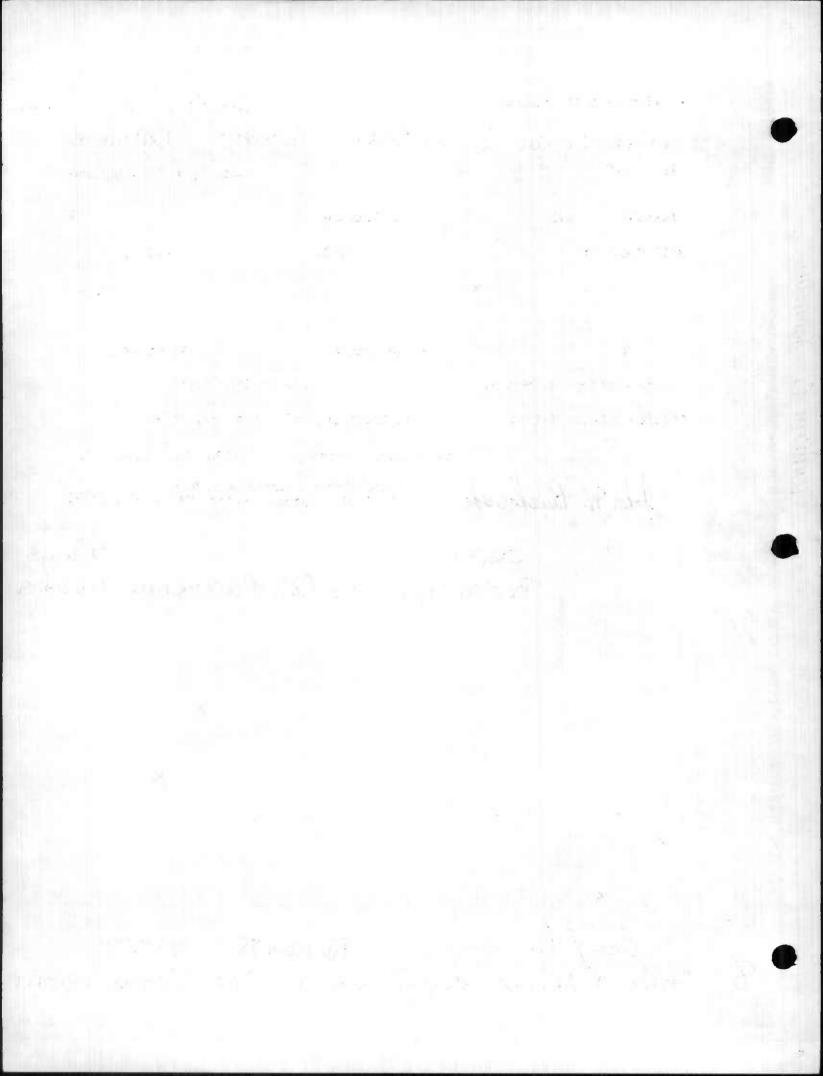
24b. Were autopsy findings available prior to complation of cause of death?

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

29d. Date signed (Month, Day, Year)

ranklin Square Drive Baltimore, mD 21237



State of Maryland / Department of Health and Mental Hygiene

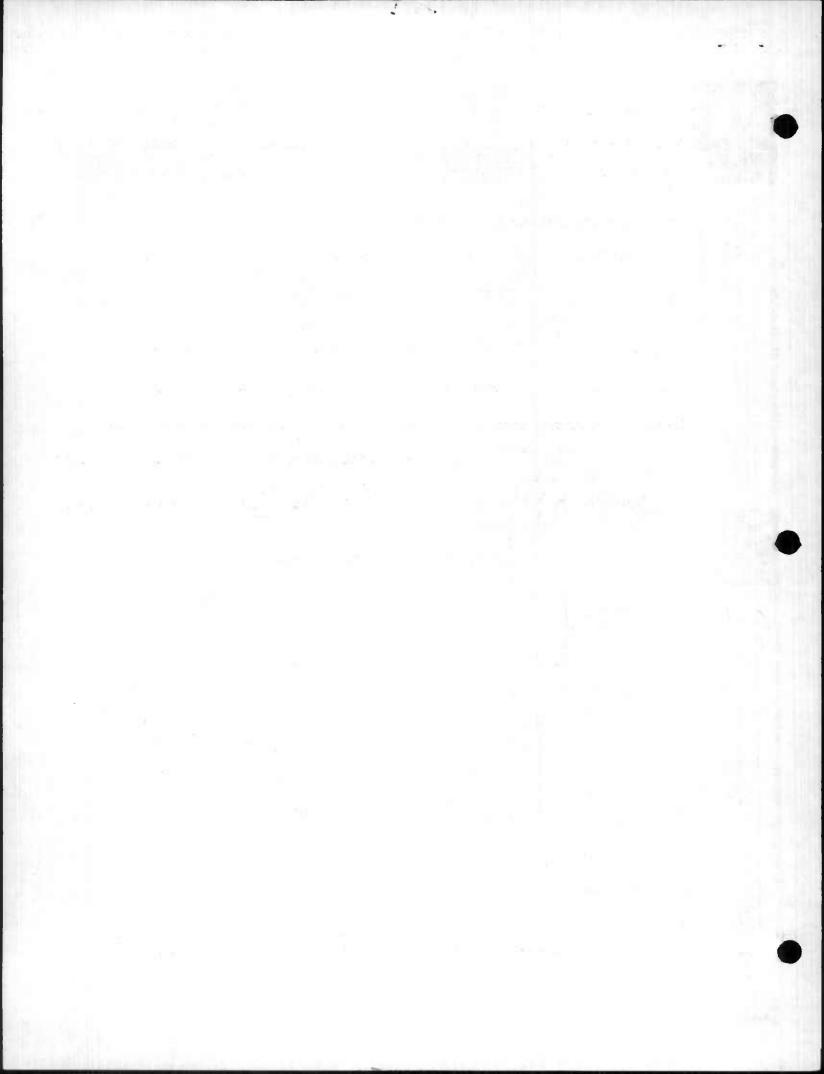
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death March 27, 1998 **Physician** Pearl May Jones 11:35 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care Rossville Baltimore Baltimore County 8. Data of Birth (Month, Day, Year) June 25, 1907 If Under 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** 1□ M 2 F Days Months Yrs. 217-18-1964 90 **Director** Virginia Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, tra Makinal Examinal must be notified at 1 ☐ Yas 2 No Directo Baltimore Maryland Baltimore County 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 7314 Rush Road 21206 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer Department of Health and Mental Hygiena. Important: if item 27 is merked other than "natural", or iteleny injury or other traumatic event, the Mexical Examine Ance. I ☐ Yas 2X No If Yas, Giva Yaar or Datas: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a, Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) Assembly Worker Electronics Unknown 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Be James Underwood Mary Peters 2 Jane 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Charles W. Kinnear/Grandson 7314 Rush Road, Baltimore, Maryland 21206 20b. Placa of Disposition (Nama of camatary, crametory or other place) 3/30/98 Data 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cemetery Baltimore, Maryland 21. Signoldre of Funarai Sarvica Licensae 22. Nama and Addrass of Facility John C. Miller, Inc. Nar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast,

Approximate the disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast,

Approximate the disaasa, or complications that caused that daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast,

Approximate the disaasa, or complications that caused that daath. Do not antar that mode of dying, such as cardiac or raspiratory arrast, Approximata Intervel Between Onset and Death **Physician** /Medical immediata Causa (Final disassa or condition resulting in death) Cinson Examiner Dua to (or as a consequence of): Physician/Medical Examiner Sequantially list conditions, if any, laading to Immadiata causa. Entar UndarlyIng Ceuse (Disaasa or Injury that initiated evants rasuiting In daath) Last Dua to (or as a consequence of): Box 68760 Dua to (or as a consaguance of): usa Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by ti 1 Yes 2 No 3 Probably 4 Unknown δ 24b. Were sutopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed peed has page 2 DE No 1 ☐ Yas 2 ☐ No or Attending Physician: director, 25. Was casa referred to madical axaminar? Be 26. Placa of Deeth (Check only ona) Hospital: Othar: 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatlent 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Manper of Death 28h. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Pending death. invastigation 1 ☐ Yas 2 ☐ No the Funeral Director: A 2 Accidant 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 T Homicida To the Hospital 29a. Certifian 1 🗗 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, deta and place, and dua to the causa(s) and menner as stated. Medical npletely (Check only one) 2 Madical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, deeth occurred et the time, date end piece, and dua to the cause(s) and mannar stated. within 2 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 30. Name and address of parson who completed cause of death (Item 23e) (Type, Print) Rd 32. Registratissionates

June Daydoon-Randette 31. Data filad (Month, Day, Year) State MAR 3 1 1998 Registrar



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State of Maryland / Department of Health and Mental Hygiene ()

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Maryland

White

10d. Inside City Limits

1 XYes 2 □ No

KITZMILLER

3. Time of Death Month Gilbert L. Kitzmiller 28,1998 MARCH 3:12P.M. 4c. County of Death

/Medical **Examiner**

Directo

by

Completed

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Examiner

by

Completed

Certification:

edical

Physician

Funeral Director

the Marylend r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at death

filed within 72 hours after Hygiena. tem 27 is marked other other traumatic event, should be f item 27 I permit. Pages 1
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Important: If iter
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altimore, Maryland 21215-0020

Physician /Medical Examiner

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tha death certificate be executed

P.O. Box 68760,

Division of Vital Records,

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Certificate of Death 1 Decedent's Name (First Middle Last) 2. Dete of Death 4b. City. Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) N/A JOHNS HOPKINS HOSPITAL If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Months Days Hours Min. 10XM 2□ F 213 64 0778 Yrs. 42 July 28, 1955 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1038 N. Calvert Street 21202 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Merital Stetus 1KOYes 2 No Viet If Yes, Give Viet Yeer or Detes: Nam 1 Never Married 2 Married 1 Yes 2 XNo Specify: Specify 3 Widowed 4 Divorced Nam 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Clerk Balto. County Towson 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Willa J. Murphy Junior G. Kitzmiller 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Junior G. Kitzmiller / father 1008 Phillip Drive Glen Burnie, Maryland 21061 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Glen Haven Mem. Park 4/2/98 Glen Burnie, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. whave 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Head and neck injunies Due to (or as a consequence of): Due to (or es e consequence of):

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest

Due to (or es a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of deeth?

Approximete Interval Between Onset and Death

Ver Yes 2 No 26. Place of Death (Check only one)

111 Penn Street, Baltimore, Maryland 21201

1 Yes 2 No

25. Was case referred to medical examiner? 1 Yes 2 □ No 27 Menner of Death

1 Netural

2 X Accident

3 ☐ Sulcide

29a. Certifier

4 Homicide

5 Pending Investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year) 3-28-98 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of 1433

Building

28c. Injury at Work? 1 Tes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred
Subject fell from thind Story subject

FIRE ESCAPE

Location (Street and Number or Rural Route Number, City or Town, State) 1038 N. Calvert St. City, Maryland

(Check only one) Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29b. Slaneture end title of certifier

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated

29d. Date signed (Month, Day, Year)

O.C.M.E.

MARCH 29,1998

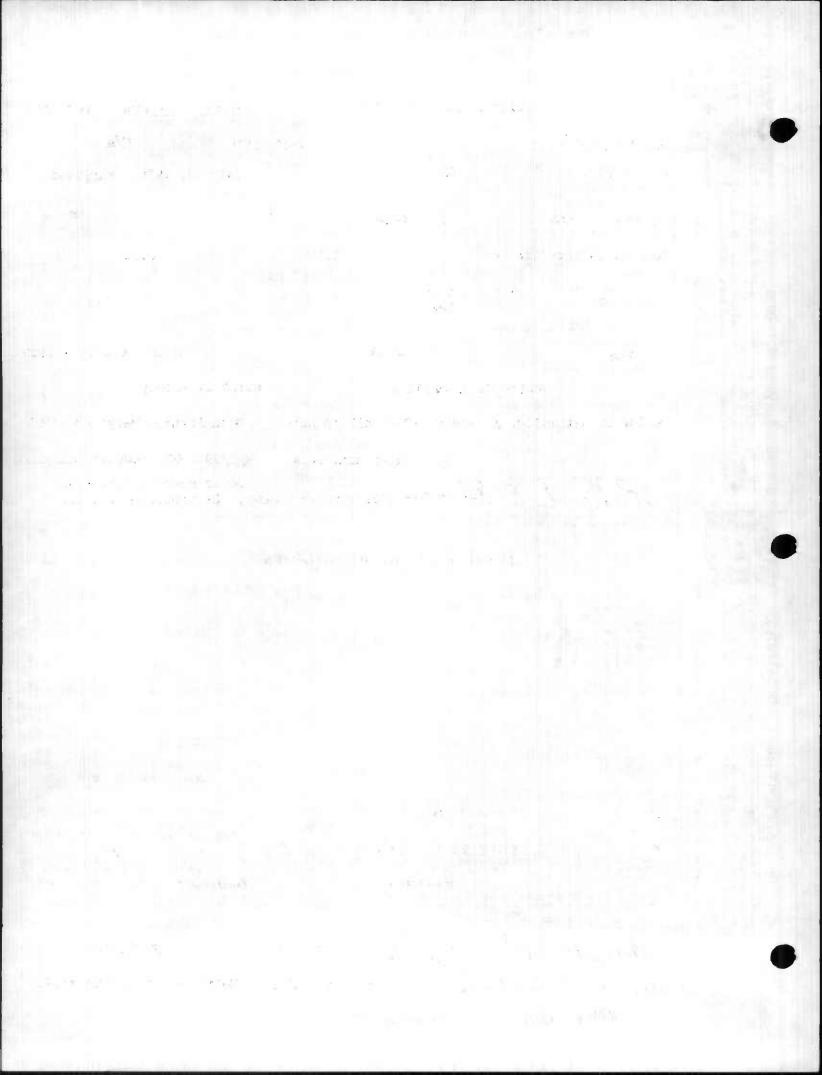
30. Name and address of person who completed cause of death (Ifem 23e) (Type, Print)

5. Strphra 5
31. Date filed (Month, Day, Year) MAR 31

Radentz 32. Registrar's Signature

Pulia Savidson Pandall

State Registrar



32. Registrar's Signature

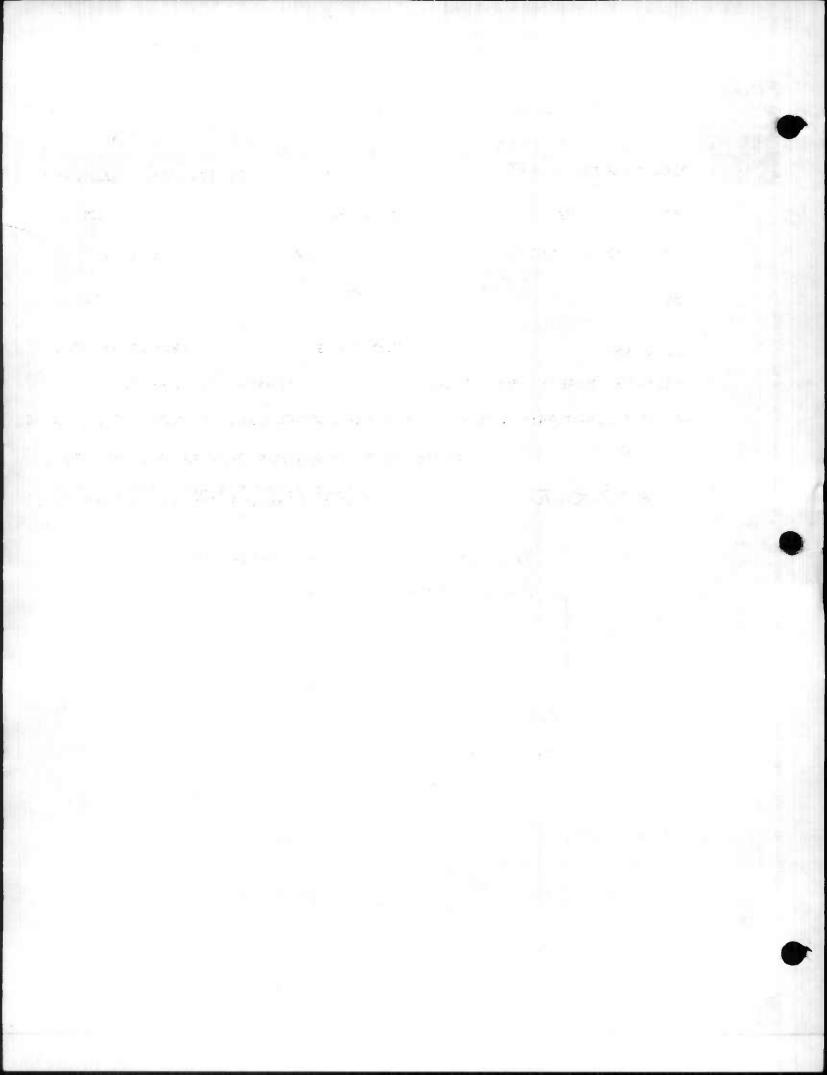
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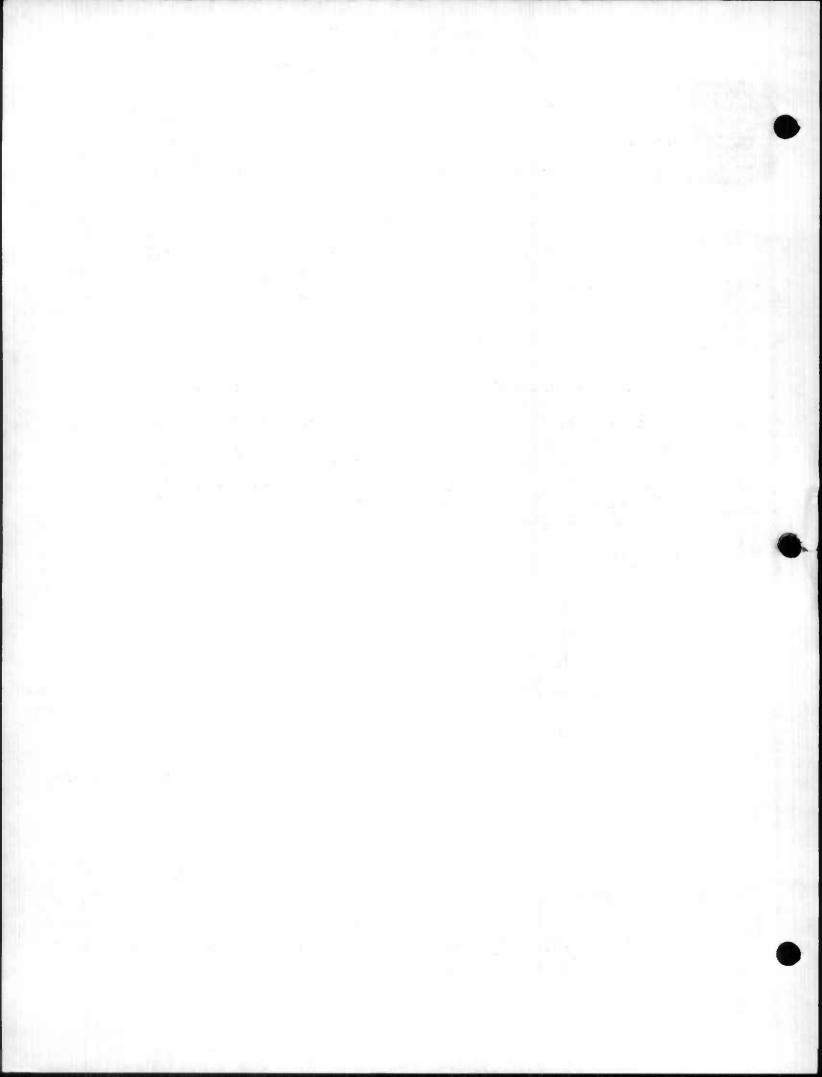
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Registrar

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	- Character - Control	2000			RITAN			PITAL				10RE		N/A	
		Security N -07-	5877	6. Sex	х Эм ХХ Е		(In yrs. las	st birthday). Yrs.	Months Days	r If Under 24 s Hours	Hrs. Min.	8. Date of Bi (Month, D	rth ay, Year)		place (State or For ntry)
	Usual R	esidence o	f Decedent									01-15	9-1918	M/	ARYLAND
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Director		eet and Nu		,					10f. Zip Code				10g. Citizen o	of What Cour	
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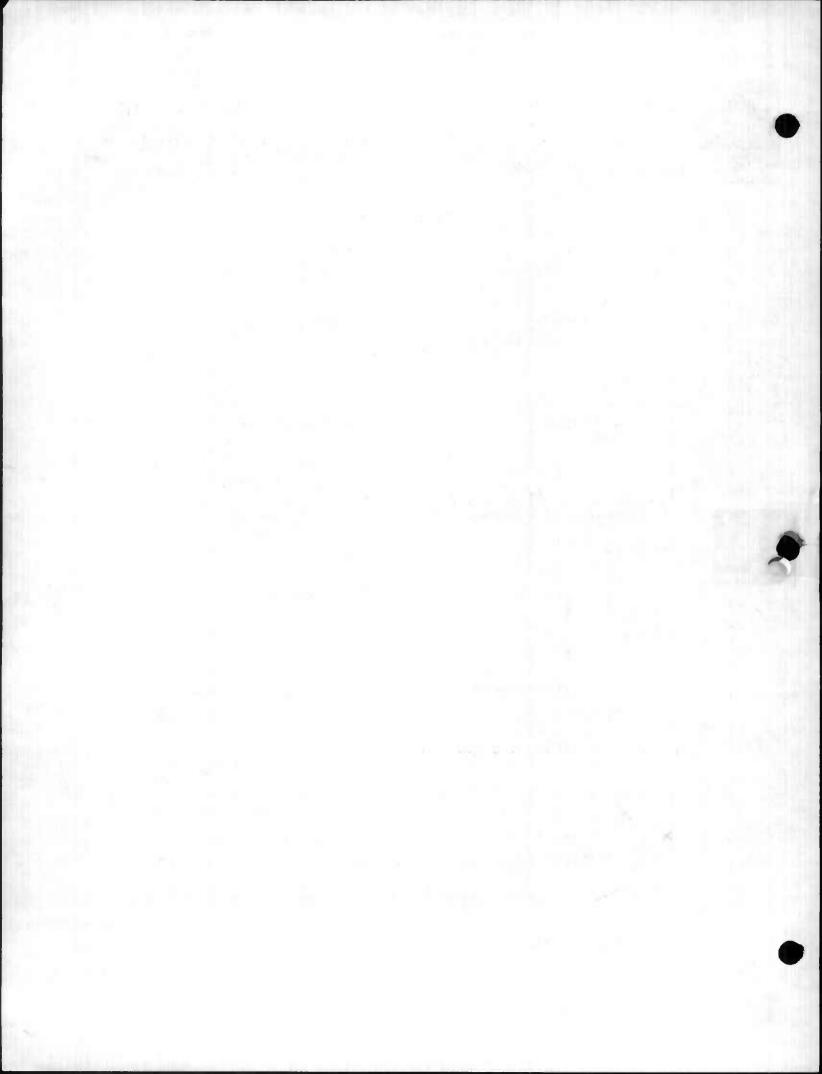


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Lest) 2 Data of Death **Physician** KnaPP Doris 6:25 PM March /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Johns Hopkins Bayview Medical Center Baltimore Baltimore aty If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. Sept 11 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Funeral 1 ■ M 200 F 216-16-1654 74 Director 1923 MD Usual Rasidance of Decedant the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yas 2X No. Director MD Baltimore Fort Howard 10e, Street end Number 10f. Zip Coda 10g. Citizen of What Country? with 7704 Shady Side Ave 21052 USA Funeral filed within 72 hours after death 11 Maritel Status 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ②No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien. Black, Whita, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yas 2 No Specify: Specify: White Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Haalth and Mental Hygiana. int: if Itam 27 is marked other than Elementery/Secondary (0-12) College (1-4or 5+) 12 Housewife Own Home traumatic event, Baltimore, Maryland 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be Joseph Faherty Catherine Lynch 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s Department of Haath ar Important: if item 27 is any injury or other trau Gene C. Knapp 7704 Shady Side Ave /son Fort Howard, MD 21052 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition April 2 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Removal from Stata Oak Lawn Cemetery 4 ☐ Donetion 5 ☐ Othar (Specify) 1998 Baltimore, MD 22. Nama and Addrass of Facility
Connelly Funeral Home of Dundalk 21. Signetura of Funeral Service Licenses 7110 Sollers Point Rd 23a. Part f. Enter the disags, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Batwaan Onset and Death **Physician** /Medical Immadleta Causa (Final · respiratory failure Iday disaasa or condition resulting in daath) Examiner Examiner congestive heart The law requires that the daath certificate be executed Saquantially list conditions, if any, laading to immadiata causa. Enter Underlying Couse (Disaasa or Injury thet initiated avants rasulting in deeth) Last Years and Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): Part II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown dementa þ 24b. Were autopsy findings available prior to completion of cause of death? 24e, Was an autopsy performad? Completed commany artery disease has 2000 1 Yas 2 No this certificata Attanding Physician: funaral director, 25. Was casa rafarrad to medical exeminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 28a. Deta of Injury (Month, Day Year) 27. Mannar of Daath 28h Time of 28c. Injury et Work? 28d. Dascribe how injury occurred After 5 Pending Invastigation 1 Naturai 1 Tas 2 No death. after death Director: A 2 Accident 6 Could not be datarminad 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 - Homicida 24 hours a 1 Cartifying Phyelclan: To the bast of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner es steted.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner stated. 29a, Cartifiar Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and titla of cartifier 29d. Date signad (Month, Day, Yaar) Samerutie Shelin March 29, 1998 30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 4940 Eastern Avenue Baltimore, Maryland 21124

32. Refispar's Signature
Stuha Davidson-Rendson

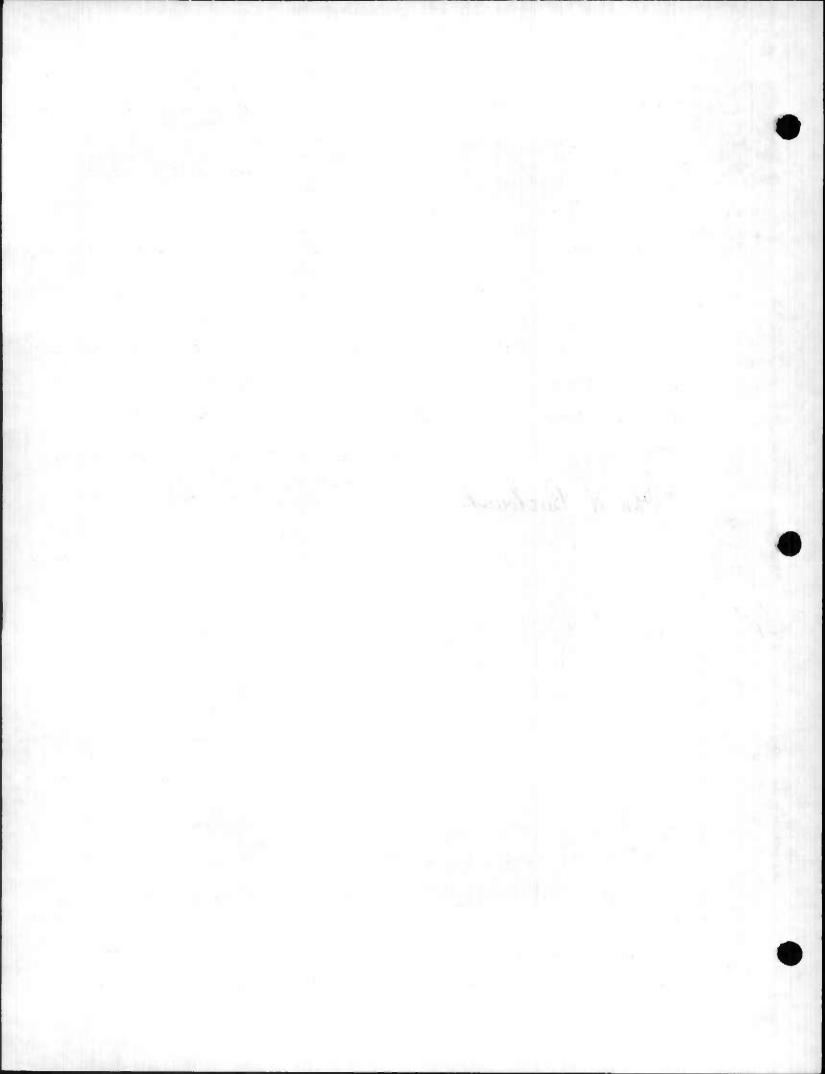
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State Registrar Samantha Shah MD



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Σ		9b. Signature end t	itle of certifier	_			29c.	License	number		29d. Dete signe	ed (Month, Dey	, Year)
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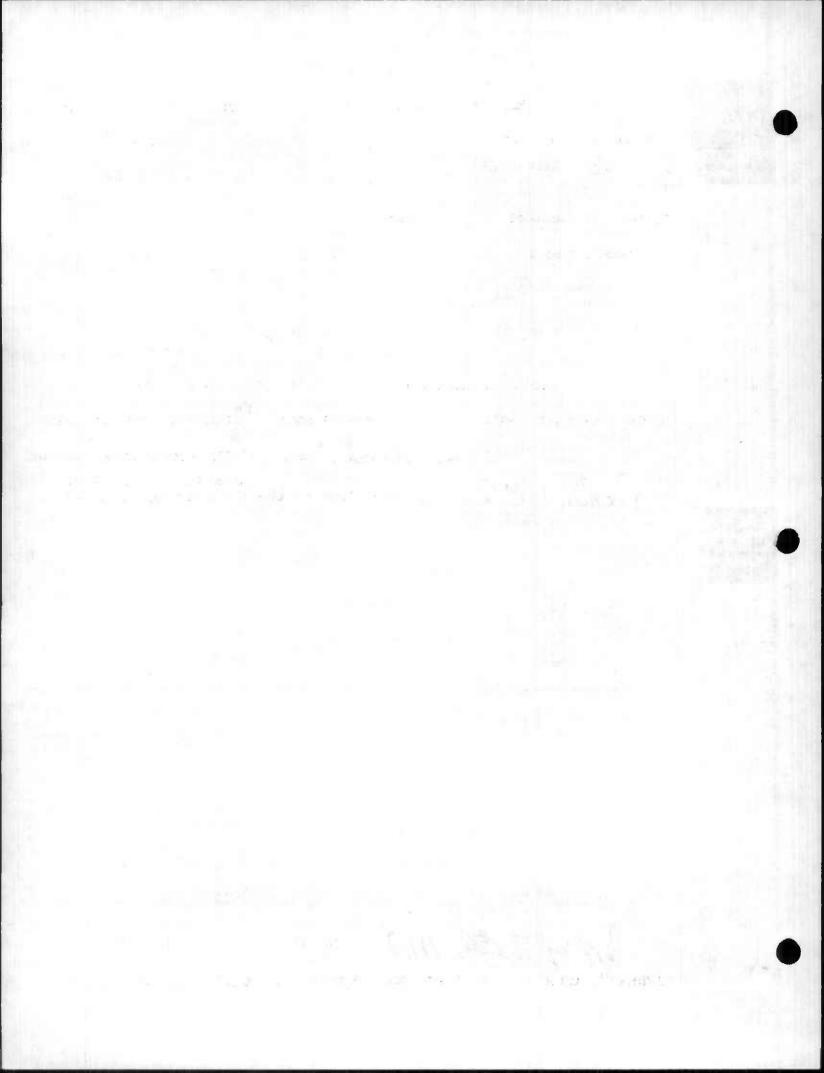
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Raymond S. Lancaster Sr. 1998 March 2:10 P.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Harbor Hospital Center Baltimore N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1.X M 2□ F 215 05 6060 Yrs 78 Director July 18, 1919 Maryland Usual Residence of Dacedent with the Maryland 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Anne Arundel Directo Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 348 Cresswell Road 21225 U.S. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Medical Expens XX Yes 2 □ No If Yes, Give Year or Dates: W.W. II 1 ☐ Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Truck Driver 8th General Electric 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be Daniel S. Lancaster Roena E. Frampton 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Mildred Lancaster / wife 348 Cresswell Road Baltimore, Maryland 21225 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State 4/2/98 4 ☐ Donation 5 ☐ Other (Specify) Crownsville, Maryland Md. State Veteran Cem. 21. Signatura-of Puneral Servicer Transact 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ares) 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intervei Between Onset end Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE 17 YEARS Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disaasa or Injury that Initiated events resulting in daeth) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): 98 ettending The law requires that the deeth for P.O. P Part fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 N Yes 2 □ No 3 Probably 4 Unknown LUNG CARCINOMA - SURGERY 1989 Records. by 9 as been si 24b. Wara autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page certificate 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Attending Physician: 25. Was casa raferred to medical Be 26. Place of Daath (Check only one) Hospital: 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 X DOA After this 27. Mannar of Daath Certification: 28b. Time of 28a. Data of injury (Month, Day Year) 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 XNaturai f death. 1 ☐ Yea 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 6 Rosphel or At 23-400fs effer Funeral phec 4 ☐ Homicide Medical 29a. Certifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examíner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. (Check only 29b. Signature and title of pertifi-29c. License number 29d. Date signed (Month, Day, Year) D21512 3/30/98 30. Name and add oppurson was complated cause of death (Item 23a) (Type, Print) JEFFREY F COLE MD 3449 WILKENS AVENUE #300 BALTIMORE MD 21229 31. Date tiled (Month, Day, Year) 32. Registrar's Signature State MAR 31 Tulia Davidson

DHMH 16 Ray 6/95

Registrar



98-1763-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene () **JAMES** Certificate of Death LAKE 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dey **Physician** James Lake MARCH 29,1998 6:27 P - /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GOOD SAMARATAN HOSPITAL ER BALTIMORE it Under 24 Hrs If Under 1 Year 5. Sociel Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1**X**0 M 2□ F Months Days Hours Min 53 Yrs. June 9, 215 42 5938 1944 Director West Virginia Usuel Residence of Decedent the Maryland r 28a-f show 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland n/a Baltimore Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? I is marked other than "natural", or itams 23a or transmic event, the Medical Examiner must be r 3018 Northway 21214 United States permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 28s any injury or other traumstic avant Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian 11. Merital Stetus Bleck, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 X No Specify: White Specify þ 3 Widowed 4 Divorced Completed . 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Laborer Construction 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Clarence C. Lake Charlotte Adelein Wilson 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Intermant's Neme/Reletionship (Type, Print) Carolyn L. Lambert / Sister 3431 Cornwall Rd., Baltimore, MD altimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition ₩₩Buriel 2 □ Cremetlon 3 □ Removel from Stete St. Stanislaus Cemetery 4/1/98 Baltimore, MD 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility
CAFA Stephen D. Lohrmann P.A.
8717 Green Pastures Dr., Baltimore, MD 21286 Columann 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physiclan** /Medical Immediate Cause (Fine) diseese or condition resulting in death) Examiner e consequence ot): Examiner Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es a consequence of) Brid Box 68760 physician Physician/Medical that initiated events resulting in deeth) Lest 94 Due to (or es e consequence of) 8 681 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 4) Unknown yd bengis 1 Yes 2 No 3 Probably ğ Division of Vital Records. 9 24b. Were eutopsy tindings aveileble prior to 24e. Wes en eutopsy Completed completion of cause of death? Pas 29090 Yes 1 Yes 2 No certificate director, 25. Wes case reterred to medical 8 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1XXes 2□ No 0 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. tnjury at Work? 5 Pending Investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28t. Location (Street and Number or Rurel Route Number, City or Town, State) 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 HomicIde 8 7.24 hb. Funeral 29e. Certifie 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) and menner es steted. edical (Check only one) Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. within 2 To the f

State Registrar

29b. Signature end title of cartifie

HEUNDRE

31. Dete filed (Month, Dey, Year)

MAR 3 1 1998

30. Neme end address of person who completed cause of death

111 Penn Street, Baltimore, Maryland 21201 22 Registrar's Signeture has Jaw door Handall

(Item 23e) (Type, Print)

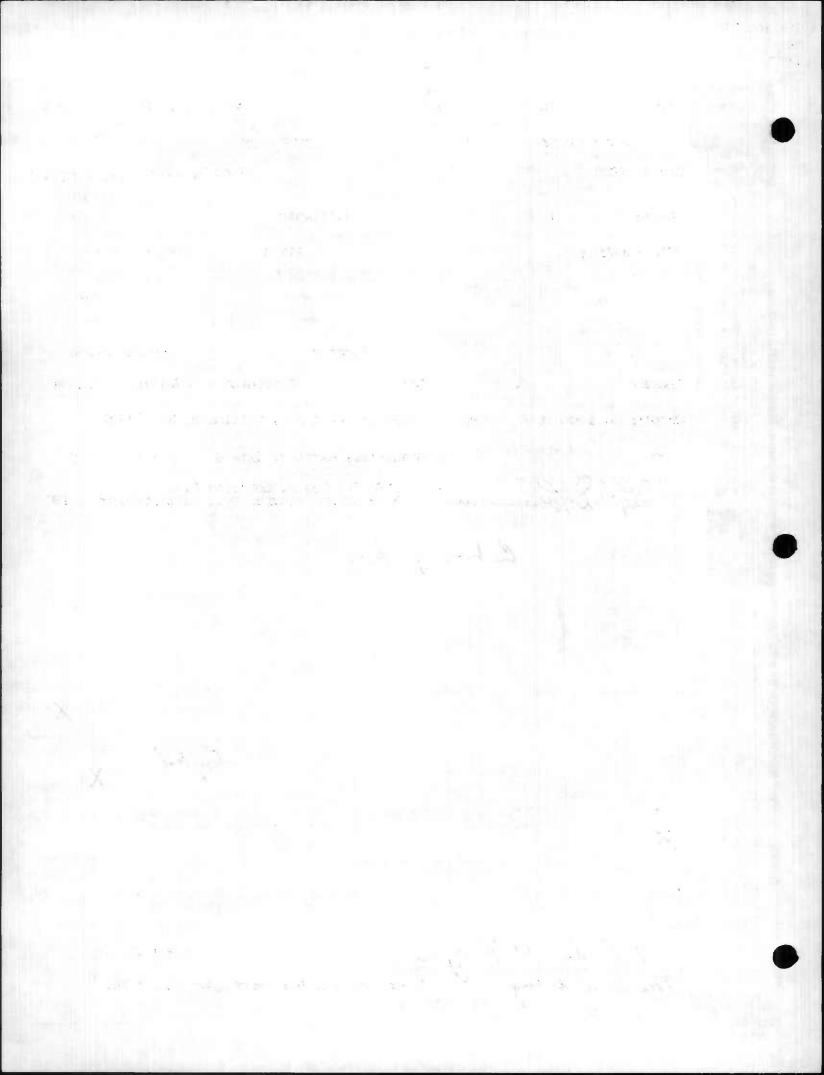
29c. License numbe

OCME

29d. Date signed (Month, Day, Year)

MARCH 30, 1998

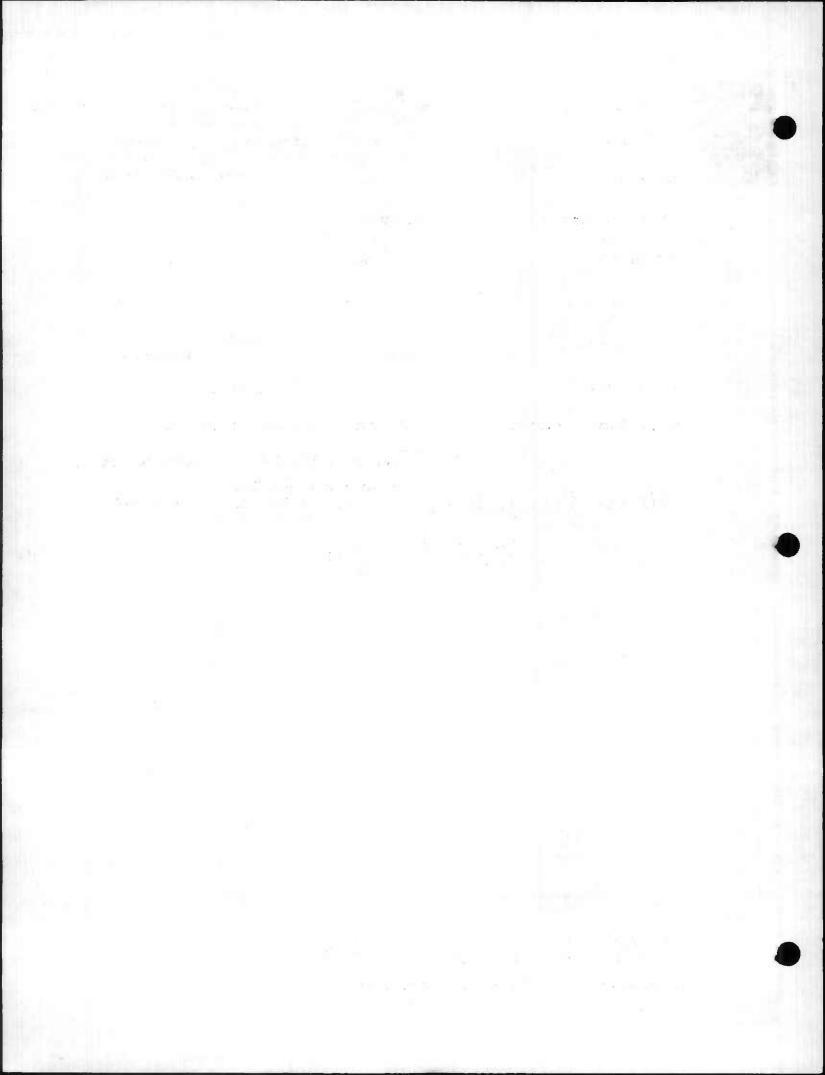
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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Ģ	/Medi Exami				a street and number	r)			4b. City, Town, or	March 28 Location of Death	-	of Death	8:35 p.m.
7	Exami	iei	5528 Lan	ham Way		,			Baltimore	County	Baltin		
	Funeral Director		5. Social Sacurity N 187-16-697 Usual Rasidance o	5	□ M 2□ F	ga (In yrs	. last birthday) Yrs.	If Undar 1 Year Months Days	If Under 24 Hrs	8. Data of Birth	, Year)		ce (State or Foreign y) ,Pa.
	land		10a. Stata	10b. County		10c. C	ity, Town or Loc	ation				100	d. Inside City Limits
	Many	ţ	Maryland	Baltimore		Balt	timore Co	unty					1 ☐ Yas 2 ☐ No
	7 28 th	rec	10e. Street and Nu	mbar				10f. Zip Coda			l0g. Citizen of	What Country	y?
	23a c	al	5528 Lanha	m Way				21206			USA		
020	be filed within 72 hours efter deeth with the Maryland tiel Hygiene. d other than "naturel", or flems 23a or 28a-f show svent, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Marr 3 □ Widowed	iad 2 Married 4 □ Divorced	12. Was Decedan Armed Forcas 1 Yas 2 If Yas, Giva Yaar or Datas	? No	lf.	/as Dacedant of Yes, specify Cut □ Yas 2√√No	Hispanic Orlgin? (Span, Maxicen, Puerl Specify:	specify Yas or No- to Ricen, atc.)	14. Rad Bla Specify	ce - Americer ck, Whita, at White	C.
Maryland 21215-0020	within 72 ho sne. than "natur	Completed	Elementery/Seco		ducetion ada complated) Collaga (1-4or	5+)	(Giva k lifa. D	O NOT usa retire	dunna most of wa	rking	16b. Kind of B		stry
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	and salth		James A. L		isband)			anham Way		, Maryland	21236		
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Baltimore,	rt. Pe rtant: njury			5 Other (Specif		Par			ril 1, 1998		Baltimore	, Mary]	land
Ra	Department of Peges Department of H Importent: If its any injury or of once.		21. Signatura of Fu	Marai Sarvice Licer	200m Ot	micro	La		eral Home, Road Baltin		land 2123	86-4625	
68760,	Physician /Medicai Examiner polymerate properties of elements of the properties of	Medical Examiner	immediata Cause disease or condition resulting in death) Sequentially list continuous and any, leading to inceuse. Enter Unde Cause (Disease or thet initiated avants resulting in death)	nditions, nmadiate rhying injury	a. PAD b	Dua to (or as a consequence as	nance of):	,				ch hoave
C. Box	it the death cert by the attending tached for use or	Physician/M	Part ii. Other signif	icant conditions o	ontributing to death	but not ras	sulting in the un-	darlying ceusa gi	van in Part I.	23b. Did to	obacco usa co	ntributa to t	he cause of death?
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Division	To tree nospital or Attending Pr within 24 hours effer death. To the Funeral Director: After the completely filled in by the funeral	Certification:	1 ☑ Neturai 2 ☐ Accidant 3 ☐ Suicida	5 Pending invastigation 6 Could not be datarmined	(Month, Do	e <i>y Yaar)</i> njury - At h	Injury oma, farm, stre	M 28c. inju	rk? Yas 2 □ No	28f. Location (S	treet and Numb		Route Number,
בֿ	hours efter ineral Dir iy filled in		4 Homicide	1 Certifying Ph	building, a	of my kno	owladga, daath	occurred at the ti	ma, data and place	City or Tow	ause(s) and ma	anner as stet	ed.
	in 24 the Fu	edical	(Check only one)	∠ Medical Exan	niner: On the basis of and mannar s	of axamina	ation end/or inva	stigation, in my	opinion, deeth occu	irred at tha tima, d	ata and piace,	and dua to th	ne ceuse(s)
	To To to to to to to to to to to to to to to	X	29b. Signature and	10	- , L	0		29c. Lican	se number.	2	9d. Date sign	(Month, De	ay, Year)
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DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month 3 Joseph Miller 5:44 PM 98 27 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Hospital Center Baltimore Harbor H Under 1 Year If Under 24 Hrs. 8. Dele of Birth (Month, Dey, Year) 03/11/1930 5. Social Security Number & Say 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) 1 M 2□ F 214-26-8394 68 Yrs. Pennsylvania Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MD Anne Arundel Linthicum 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 551 Shipley Rd. 21090 United States 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedeni of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specity: Specify: White 3 Widowed 4 Divorced 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Eiementery/Secondery (0-12) College (1-4or 5+) Truck Driver Transportation 8 18. Mother's Name (First, Middle, Meiden Surneme) 17. Fether's Neme (First, Middle, Last) Edwin Miller Florence Ebling 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Agnes Colbert 551 Shipley Rd. Linthicum, MD 21090 20b. Pieca of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State Meadowridge Memorial 3/30 Dorsey, MD 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility Ambrose Funeral Home Lansdowne 2719 Hammonds Ferry Rd. Lansdowne, MD 21227 21. Signature of Funerel Service Licensee 23a. Pentl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart leiture. List only one cause on each line. Approximele Intervel Between Onset and Death Immediate Ceuse (Finel disease or condition resulting in death) Acute Myocardial Infarction Immediate Vears Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lesi dependent Diabetes Mellitus Non-insulin 23b. Did tobacco usa contributs to the causa of death? Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 1 No 2 No 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

Examiner

Physician/Medicai

by

Completed

Be

10

Certification:

Physician

· /Medical

Examiner

Funeral

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

2 should be filled within 72 hours after death and Mental Hygiene. Is marked other then "naturel", or Items 23.

Hygiene.

other treumstic event,

permit. Peges 1 end 2 st Depertment of Health and Important: If Nem 27 is m sny injury or other treun

altimore, Maryland 21215-0020

Director

Funerai

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Completed

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or Attending 24 hours after death.

Funeral Director: Al filled in by Hospital

Division of Vital Records, P.O. Box 68760

To the Vilhin 2

Medicai (Check only one) 29b. Signeture end title of certifier

Registrar

31. Dete liled (Month, Day, Yeer) MAR 31 1998

27. Menner of Deeth

1 Neturei

2 Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

3001 S. Hanover Street

5 Pending investigation

6 Could not be determined

72. Registrar's Signeture

28e. Dete of injury (Month, Dey Year)

28b. Time of

28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and pieca, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.

29c. License number

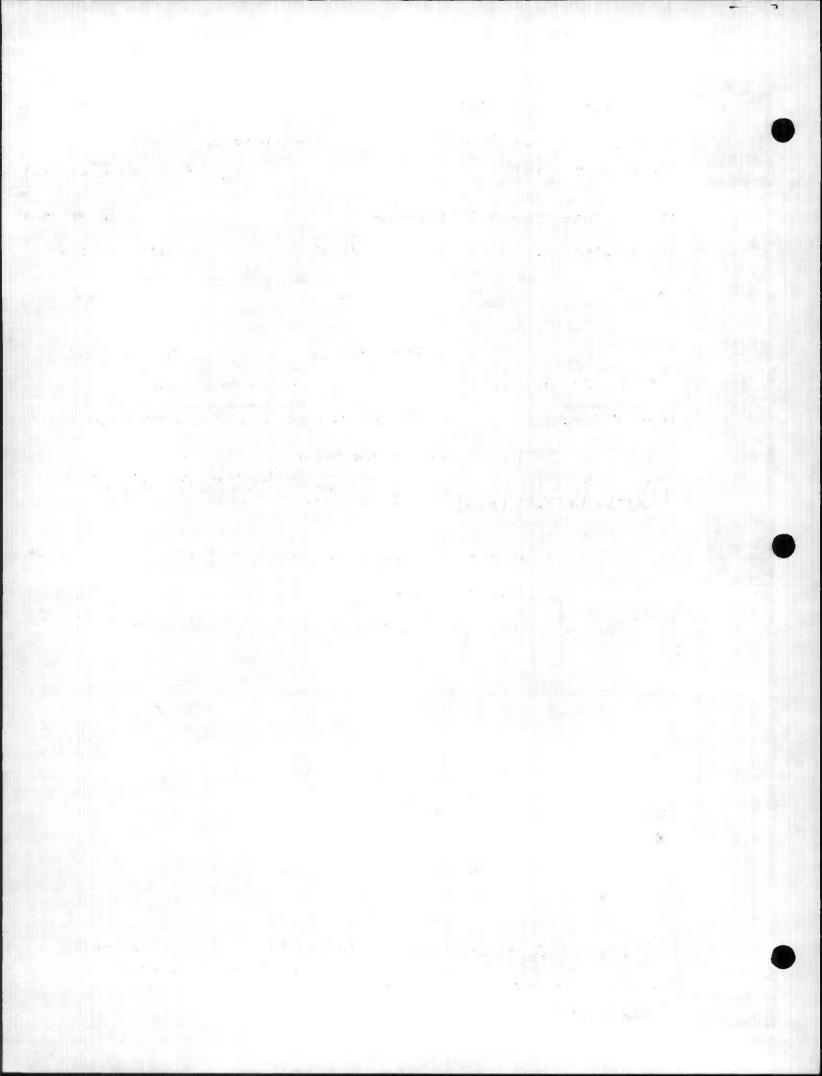
1 ☐ Yes 2 ☐ No

H0051791 3-27-1998 30. Name and address of person who completed cause of death (item 23e) (Type, Print) Harbor Itos Ortal Center Baltimore, Maryland 21225

28d. Describe how injury occurred

Location (Street and Number or Rural Route Number, City or Town, State)

29d. Dete signed (Month, Day, Year)

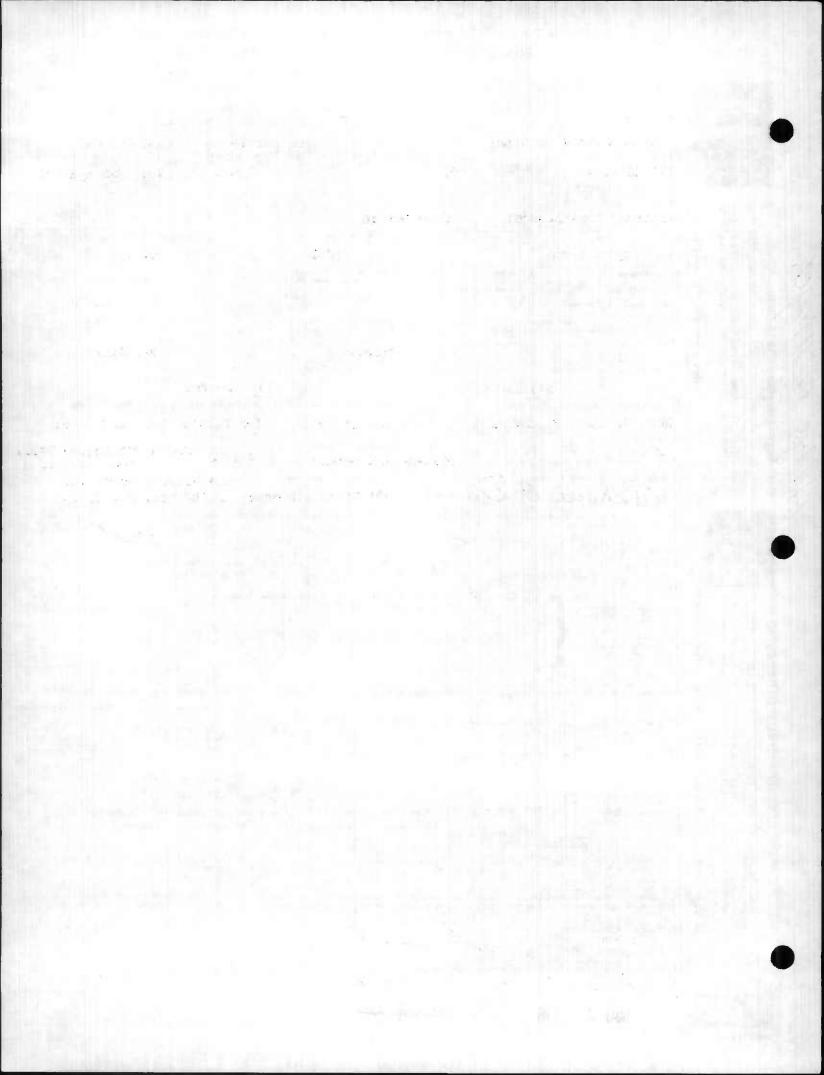


State of Maryland / Department of Health and Mental Hygiene 8 0 9 9 0 6

Certificate of Death

Reg. No.

				Ce	rtificate	e of	Death			Reg. No.	0.		0
	ne (First, Middle, La	st)			, ,				2. Dete of De Month		Year	3. Tima	of Death
edical Clady				Me	Llin	190			March		1998	11:4	5 am
miner 4a Facility Name (If not institution, give	e street and num	ber)				4b. City, To	own, or Lo	cation of Deat	1	y of Death		1/4-11
	Arundel H	ospital				-	Glen	Burn	ie	Anne	Aruno	de1	
5. Social Security	Number 8. S	ex 7	. Age (In yrs. i	last birthday)	If Under	1 Year	If Under	24 Hrs.	8. Date of Bir (Month, De		-	The state of the s	e or Foreign
171 36 4 Usual Residence of	1034	□M 2][2] F	94	Yrs.	Months	Deys	Hours	Min.	Jan. 1	4, 1904		nsylv	
10e. Stete	10b. County		10c. City	y, Town or Lo	ocation						1	I0d. Inside	City Limits
Maryland	Anne Ar	undel	Gl	en Bur	nie							1 🗆 Y	es 2X No
Maryland 10e. Street and Nu 611 Pay	nor Road			-11/2	10f. Zip	Code 2106	1			10g. Citizen of		nfry?	
9	TOT ROUG	12. Wes Deced	land Francis All	0 40				ining (Co.	- it. Van au Ma		ce - Americ	non Indian	
3 Widowed	ried 2 Married	Armed Ford 1 Yes 2 tf Yas, Give	es? X No		if Yes, spec		Specify		ecify Yes or No Rican, etc.)	Speci	ck, White,		
(Spe	15. Decedent's Ed	ducation		16a. Dece	dant's Usua kind of wor	al Occup	oation during mos	st of worki	na	16b. Kind of E	Business/In	dustry	
Elamantary/Sec		College (1-4	for 5+)	life.	DO NOT us	se retire	d)						
(Specific Specific Sp				Hon	emake	er					Home	2	
17. Father's Neme	(First, Middle, Last)						18. Moth	er's Name	(First, Middle	, Maiden Suma	me)		
0	W	illiam S	wartz					Ida	a Reefe	er			
	ame/Relationship (Type, Print)		19b. Malli	ng Address	(Street	and Numb	er or Rura	al Route Numb	er, City or Town	, State, Zip	Code)	
Ruth N.	Loar /	daughte	er	611	Baylor	r Ro	ad	Gle	n Burn	ie, Mary	/land	2106	1
	position Crametion 3 5 Other (Specify		ate	laca of Disponentery, cra 1-Be1	matory or o	ther pla			Data /2/98	20c. Location South F	- City or To	own, State	Twp.
21. Signature of Fi	havel	E- D	Paris	7	2. Name an					uneral imore,	Home	P.A.	
Sequentially list or if env, leading to in case. Enter Under Cause (Disease or that initiated event resulting in death) Part fl. Other significancy Chimical	5	b	ASD. Duelo (or	r as a consecutive as a	quenca of):		Preu	mon	16.			10 0	days.
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ohmic	Thom	boy top	enia.				7	γ	24a, Was	an autopsy ormed?	ev co	ere autop vailabla pri empletion of death?	sy findings or to of cause
									10	Yas 2 110	11	□ Yas 2	.□ No
25. Was case reference		Hospital:		7710		Ott	hor:		h (Check only			4.1	
F		28a Date of		ER/Outpatie 28b. Time of		JA	4 L N	-		how injury occu		ry)	
27. Manner of Deat 1 Natural 2 Accident 3 Sulcide 4 Homicida	5 Pending investigation 6 Could not be			Injury	М		rk?]Yes 2□] No					
4 Homicida	datarmined	28e. Place of building	of Injury - At ho g, etc. (Specify	ome, rarm, st /)	reet, factory	у, опісе			City or To	(Street and Nun wn, State)	iber or Hun	ar Houte N	umber,
29a. Certifier (Check only one)	1 ☐ Certifying Ph 2 ☐ Medical Exam		is of examinat										a(s)
≥ 29b. Signature and	fitie of cartifier	1	. / .				se number			29d. Date sign	ed (Month,	Day, Yea	7)
1 9	7.17.	Sun	den		-	10	510.	10		March	20	196	0
30. Name and add	rass of person who	completed cause	of death (Item	23a) (Type,	Print)	,	4.00		2.4	March Brunde	101	177	0
Mahz	mmad	-BEi	A.	ZAY	DAN	1, 1	MID	- /	JOHN	Brund	20 1	105/	J.
	nth, Day, Year)	32. Re	gistrar's Signa	tura									



State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 2. Date of Deeth 3. Time of Death Mary Agnes Montgomery 1:00 A.M. 29 1998 March 4b. City, Town, or Location of Death 4c. County of Death Anne Arundel Baltimore Birthplace (State or Foreign Country)

Funeral Director

Physician

/Medical

Examiner

Directo Funeral ۵

Pages 8

> **Physician** /Medical Examiner

Examiner edical Physician/M B Completed after deat Director: edical

Montgomery

1. Decedent's Name (First, Middle, Lest) 4a Facility Name (If not institution, give street end number) Genesis Eldercare Hammonds Lane If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 1 M 200F Months Days Hours 212 76 8134 95 Yrs. Oct. 18, 1902 Maryland Usual Residence of Decedent 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21225 U.S. 537 Pontiac Avenue 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritai Status Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent'a Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 4th 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) (not available) (not available) Bowling 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent'a Name/Reletionship (Type, Print) 537 Pontiac Avenue Baltimore, Maryland 21225 Natalie Shaw Friend 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 Coremetion 3 ☐ Removal from State 4/1/98 Towson, Maryland Hilltop Service Corp. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signeture of Funerel Service Licenses Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Atternosclastic Concharanular Oscare Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest

1 Yes 2 No

27. Mennar of Death

1 Netural
2 Accident

3 Suicide

(Check only one)

29a. Certifier

Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

luctrition

25. Wes case referred to medical exeminer? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28a. Date of tnjury (Month, Day Year) 5 ☐ Pending investigation 6 Could not be

28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Other: 4X Nursing Home 5 Residenca 6 Other (Specify) 28c. Injury et Work?

1 Yes 2 No

1 Cartifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

1 Yes

24a. Was an autopsy performed?

26. Place of Death (Check only one)

1 Yes 2 No

28d. Describe how injury occurred

29b. Signature englittle of cartifier tymee M? 29c. License number

29d. Dete signed (Month, Dey, Year)

23b. Did tobacco use contribute to the cause of death?

No 3 Probably 4 Unknown

of death?

24b. Were autopsy findings available prior to completion of cause

1 ☐ Yes 2 ☐ No

1 X Yes 2 ☐ No

Approximate Intervat Between Onset end Deeth

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

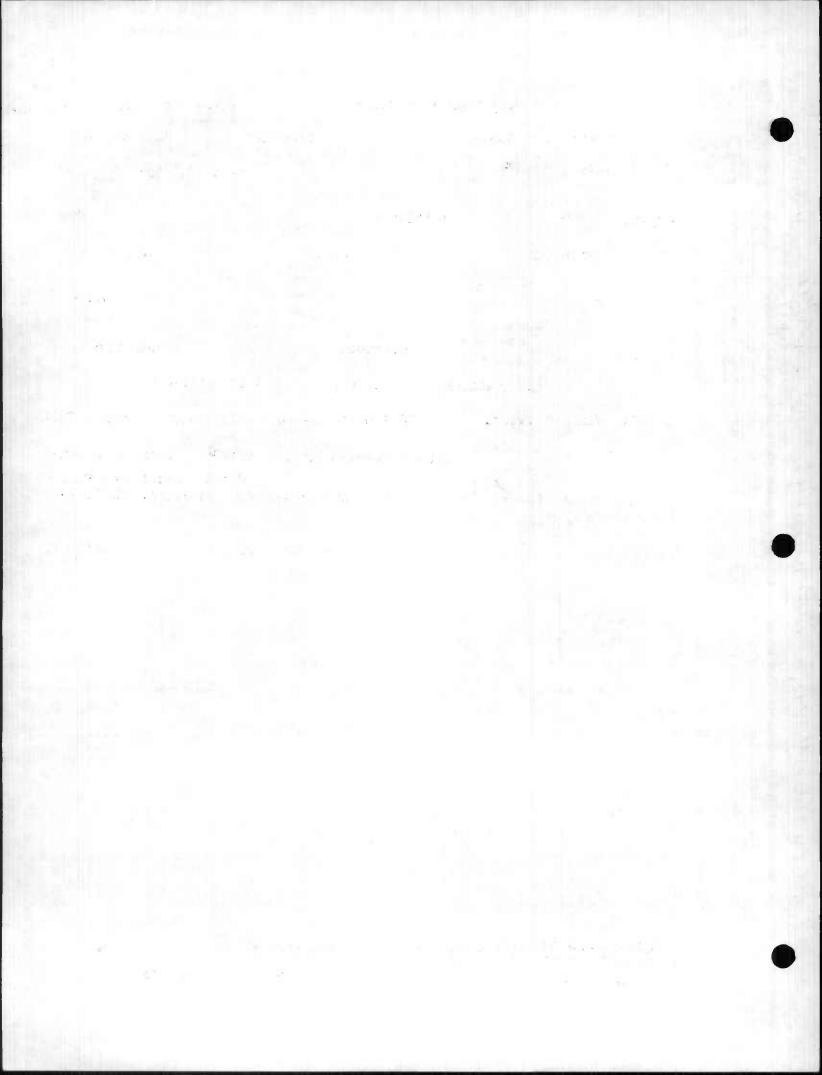
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Attending Doctor

Registrar

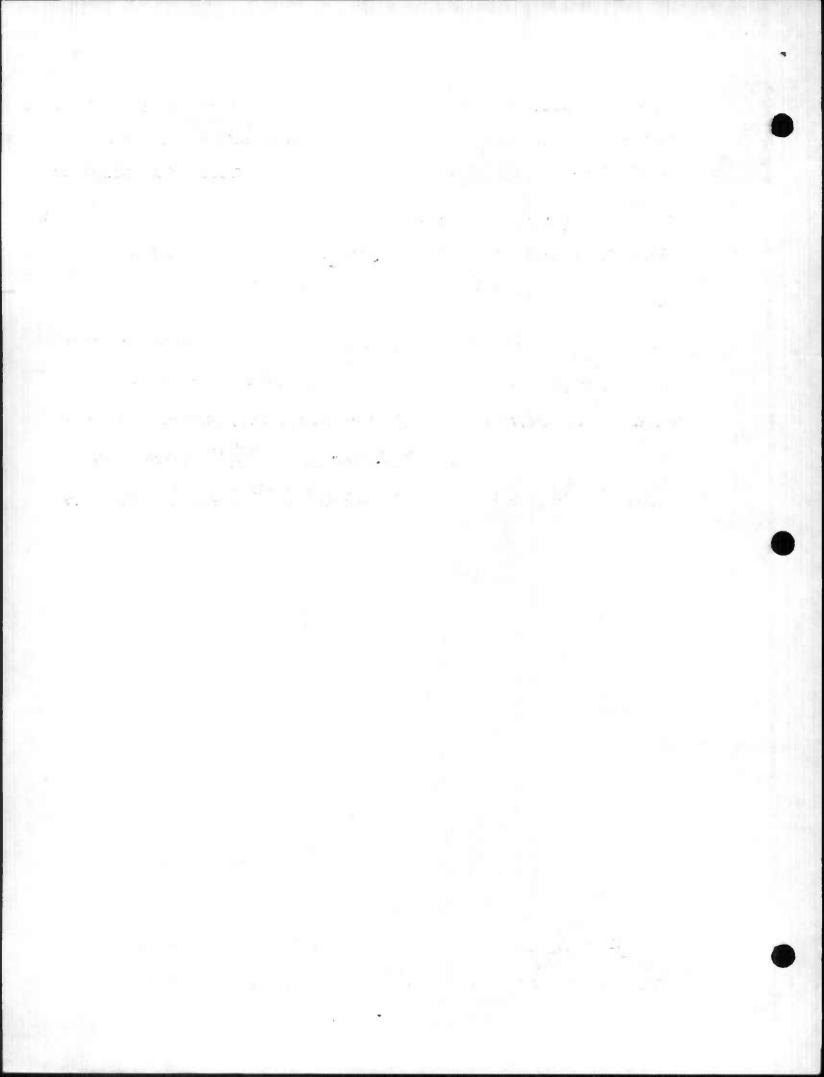
31. Date filed (Month, Day, Year) MAR 3 1 1998

32. Registrar's Signature Fondale



State of Maryland / Department of Health and Mental Hygiené ?

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 18 Cora C. Martin 1998 1:50 PM March /Medicai 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 2423 White Hall Rd. White Hall Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Ye. Feb. 9, I 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Deys Months Hours Maryland 1 ☐ M 2 X F 1918 215-34-0664 80 Yrs Director Usual Residence of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "netural", or items 23a or 28a-1 show any injury or other traumatic avent, the Madical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2X No Director MD Baltimore White Hall 10e. Street end Number 10f. Zln Code 10g. Citizen of Whet Country? 2423 White Hall Road 21161 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, 11. Maritel Stetus Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Manufacturing General Laborer 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Sarah Susan Sterner John W. Cape P 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2807 Paper Mill Rd., Phoenix, MD 21131 Daniel Martin, Jr./Son 20b. Plece of Disposition (Name of March 26, 20e. Method of Disposition 20c. Location - City or Town, Stete complete, crematory or other place)
Evergreen
Memorial Gardens 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Finksburg, MD 4 ☐ Donetion 5 ☐ Other (Specify) 1998 22. Neme and Address of Fecility J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Approximate intervel Between Onset and Deeth or heart failure. List only shock, or Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Examiner athroscleros attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequenca of) Due to (or es e consequence of): Box 68760 tha death certificate be Physician/Medical thet initiated events resulting in deeth) Lest ed by the a P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by to 1 | Yes 2 | No 3 | Probably 4 | Unknown Division of Vital Records, þ been signated 24a. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed page 2 has 1 Yes 2 🗆 No 1 ☐ Yes 2 ☐ No certificate funeral director, 25. Was case referred to medical Be 28. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Certification: After Attending 5 Pending investigation To the Hospital or Attendit within 24 hours after death. To the Funeral Director: Al TO Yes 2 No 2 Accident the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 4 Homicide filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as stated. Medicai 29e. Certifier (Check only one) 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 29301 3-25-98 MD 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) 21030 KATE runt OM MONIUM MO 5066 YORK 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State MAR 3 1 1998 whe Davidson Registrar -gandell



Items; 17,18	State of Maryland / Department of Health and Per FH Film G-758 4-2-98RC Certificate of Death		eneg 8	099	09
	1. Decedant's Nama (First, Middle, Last)	2. Data of Death			ima of Death
Physician	Charles Mc Donald	Month	27 1°	4 8 PP	:13am
/Medical Examiner	4a Facility Nama (If not institution, give street and number) 4b. City, Town, o	Location of Death	4c. County of		
A. I	University of Maryland Hospital Baltin	ore	K	A	
Funeral	5. Social Sacurity Numbar 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year If Undar 24 Hr Months Days Hours Mile		Yaar)	9. Birthplace (Stata or Foreign
Director	2/7-56-9924 105M 201 52 Yrs. Usuat Rasidanca of Decedant	Duly 4	10122	wash	. D.C.
and want	10a. State 10b. County 10c. City, Town or Location	3		10d. In	sida City Limits
the Marylan r 28a-1 show rector	ma NA Baltimore			1)	Yas 2□No
vith the Ma or 288-f s or nouted	10e. Street and Number 10f. Zip Coda	10	g. Citizen of W	hat Country?	
3a or	3621 Liberty Heights Aug 21215		USA	-	
5-0020 72 hours after death with the Manyland natural, or items 23a or 28a-f show deal Examinational bracities at	11. Marital Status 12. Was Decedent Evar in U.S. 13. Was Decedent of Hispanic Origin? If Yas, specify Cuban, Maxican, Pue	Specify Yas or No-		- American Inc.	dian,
or hard	1 ☐ Mevar Married 2 ☐ Married 1 ☐ Yes 2 ☐ No	, , ,	Specify:	Λ (1.
oors and party, of by	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:	-		D ICC	210
T C ' A G	15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of wiffa. DO NOT use ratired)	orking	6b. Kind of Bu	sinass/industry	
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Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event	19a. Informant's Name/Ralationship (Typa, Print) - 19b. Malling Addrass (Street and Number or I		City or Town,	Stata, Zip Coda	0
E = N F	Deborah Hall-Friend Blezi Liberty He	ights the	re Do	alto.M	101-5151
0 8 5 2 2	20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place)	9	Oc. Location - 0	City or Town, S	tata A
Pages ment of l	4 Donation 5 Other (Spacify) MEter Crematory	3.31.98	Dalt	o. Mo	X
Baltimore, permit. Pages 1 at Department of Hea Important: If item any injury or othe page.	21. Signetura of Funerel Sarvice Licensee 22 Nama and Address of Facility	TUNBRA	1 Hom	F106	ct Ivo
m gozaa	Alades Warner 4300 Wabash	Ave P		md 2	1215
THE PARTY NAMED IN	23a. Part1. Entar tha disease, or complications that caused the death. Do not entar the mode of dying, such as cardi shock, or heart failure. List only one cause on each line.	ac or respiratory arra	st,	Intar	oximata val Batween
Physician (Nacri				Onse	at and Daath
/Medical Examiner	Immediata Causa (Final disaasa or condition a myocardial infarction rasulting in death)			1	
E	bua to (or as a consequance of):				
sæcuted in and ial-transit Examines	Sequentially list conditions b. Coronary artery disease Dua to (or as a consequence of):			1	
axecu an and hal-trar	Sequantially list conditions, if any, leading to immediate gauss. Enter Underlying				
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P.O. Box 6876(at the death certificate be d by the attending physicis etached for use as the bu	rasulting in death) Last				
Box 6i	d				
O. B death he atter red for	Psrt II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.	23b. Dld tol	oacco uaa con	tributs to the	causs of death?
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I Record The law requir sate has been si page 2 should Completed		24a. Was ar perform		available complat	ion of cause
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al Relicate he com		1 □ Ya	611	1 🗆 Yas	2 □ No
of Vital Records, P.O. Box 6876(Physician: The law requires that the death certificate be this certificate has been signed by the attending physicial ral director, page 2 should be detached for use as the but To Be Completed by Physician/Medical	axaminar?	wath (Check only one		or (Consit 1	
Physic ruthis or and direction 1: To	27. Mannar of Death 28a. Data of Injury 28b. Tima of 28c. Injury at	Homa 5 ☐ Rasida 28d. Dascribe ho			
no de la la la la la la la la la la la la la	Selection Sele				
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Division of American Programs Programs American	4 ☐ Homlcida building, atc. (Specify)	Ony or roun.	, Ciaia,		
Fundament Printer	29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data and pla 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred and manner stated.	ce, and dua to tha ca currad at tha tima, da	usa(s) and ma ita and place, a	nnar as stated. and dua to tha	cause(s)
To the H within 24 To the F complete	arra mar arman	25	d. Date signed	(Month, Day,	Year)
F 3 F 8	MD P1027-8	7	Jarch	27. 19	98
	30. Nama and address of person who complated ceusa of death (Itam 23a) (Type, Print)	South Anos	م سلک می	+	
	29b. Signatura and titla of currier P10228 30. Nama and address of person who comptated ceusa of death (Itam 23a) (Type, Print) P22 S Denice Hoogson, MD University of Maryland Hospital Balt 31. Date filed (Month, Day, Yaar) MAR 3 1 1998 April Dandson Pandall	imore . L	larya	nd 2.1	201
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Registrar	MAR 3 1 1998 Julia Davidson Manager				

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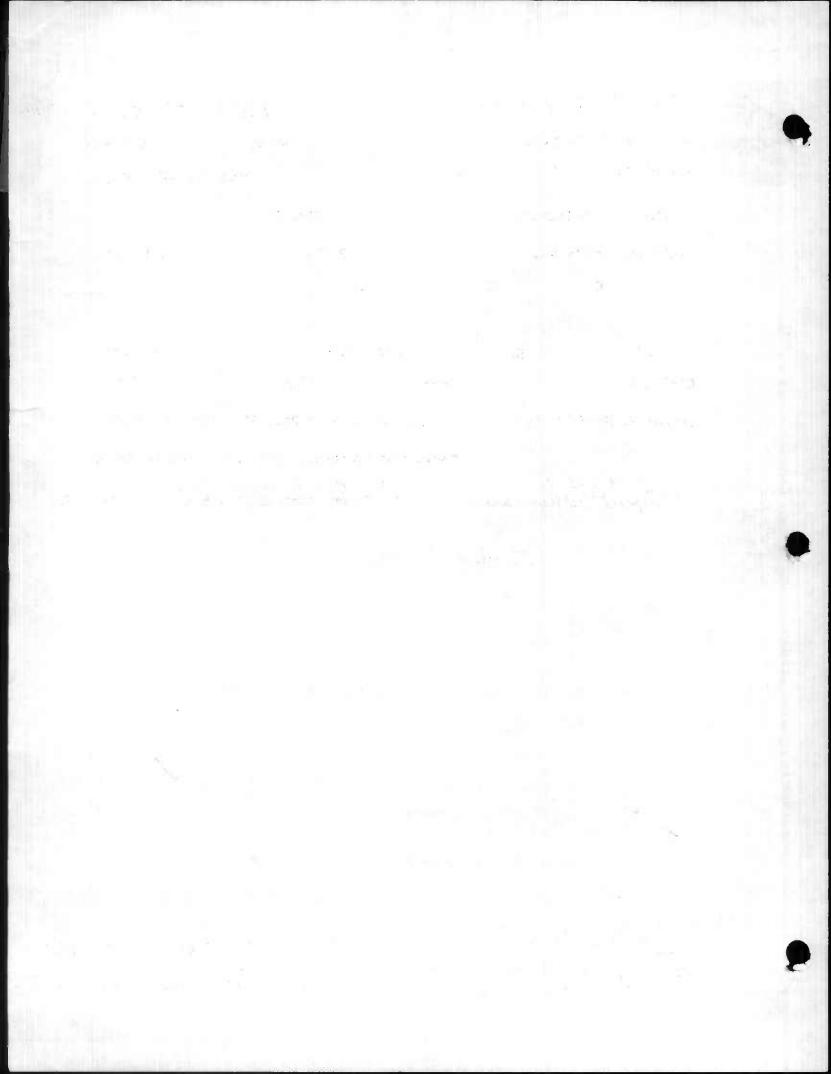
State of Maryland / Department of Health and Mental Hygiene 8 09910

					Certi	ficate of	Death		Reg. No.	000	110
П	Physic	ian	1. Decedent's Name (First, Middle, Last)	A. 180)		SHAW ILL		2. Date of Dec	ath Day	Year 3.	Time of Death
l,	/Medi		Willie Miller					March	2110	198 1	1 21 AM
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┡		_	5. Social Security Number 6. Sex	1800 N	11 71111	It Under 1 Year	Baltimo			more Ci	
L	Funeral Director		163-18-9678 Desire the second of the second	7. Age (In yrs. 78		Months Days	Hours Mir		y, Yeer) - 19	Scuzzk	(State or Foreign
	land ow		10a. Stete 10b. County	10c. Cit	y, Town or Loca	tion				10d. in	side City Limits
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	or 28	Director	10e. Street and Number	0		10f. Zip Code	11777		10g. Citizen of \	What Country?	
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	terms	Funeral	Armed F		.S. 13. Wa	s Decedent of Hes, specify Cub	lispanic Origin? (en, Mexicen, Pue	Specify Yes or No- rto Rican, etc.)	14. Rad Blad	e - American Inck, White, etc.	dian,
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lan	lid be lentel kad c	To Be	unknown				unknown			7	
Maryland	and 2 should saith end Mer n 27 is marks ler traumatic		19a. Intormant's Name/Relationship (Type, Print) Rachael Miller/sister		19b. Mailing unkno		and Number or F	Rural Route Numbe	er, City or Town,	State, Zip Code))
Baltimore,	Item oth		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from	State	lace of Dispositi emetery, creme		ce)	Date	20c. Location -	City or Town, S	tate
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	Physician		23a Part Enter the disease, or complications thet abook, or heart tailure. List only one ceuse on a							Inter	val Between et and Death
7	/Medical	н	Immediate Cause (Final disease or condition	18105	cleri	tir 1	Cardi	a ilasco	by di	crances	110000
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no	After fune	tion	1 Natural 5 Pending (Mon	th, Dey Year)	28b. Time of Injury	28c. Inju	yat k? Yes 2 □ No	28d. Describe i	ow Injury occur	red	
Division of	or Attending effer death. Director: Affer d in by the fune	fica	2 Cuiside 6 Could not be	of Injury - At ho	me, tarm, street			28t. Location (S	Street and Numb	er or Rurel Rou	te Number,
Š	s effer	Certification:	4 Homicide build	ing, etc. (Specif)	ome, tarm, street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox			
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: Affer completely filled in by the funer	edicai (29a. Certifier (Check only one) 1 Certifying Physician: To the bone) 1 Madical Examiner: On the bone and man	best of my know asis of examinal ner stated.	wledge, death or tion and/or inves	ccurred at the tir tigation, in my o	ne, date and place pinion, death occ	e, and due to the curred at the time,	cause(s) and ma date and place,	unner as stated. and due to the c	euse(s)
	Vithin Fo th	Me	29b. Signature end title of certifier			29c. Licens	e number		29d. Date signe	d (Month, Dey,	Yeer)
			Amatun H Ma	cem	M.D	D	1550	3	Masch) 21,	1998
			30. Name end address of person who completed ceus		23a) (Type, Pri	nt)) `		of Bal	1	a MA	2117
			AMATUH H MAE	EM, 5	01 D	olphio	STIE	27 1391	monn	, 1810)	didit
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State of Maryland / Department of Health and Mental Hygiene

/Medic	le.	David M	arsh				Myra	299.19	Year 10:13
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uneral irector		5. Social Sacurity Number 546 84 8073 Usual Rasidance of Dacedant	9X 7.Aga N∑M 2□F	(In yrs. last birt	hday) If Under Months	1 Year If Undar 24 Days Hours	Min. (Month, L	29,1940	9. Birthplaca (Stata or Fon Country) England
f show	or	10a. Stata 10b. County	imore	10c. City, Town	or Location	Glen	Arm		10d. Insida City Lin 1 ☐ Yes 2 🔀
28a	rect	10e. Street end Numbar			10f. Zip			10g. Citizen of Wi	
23a O	al Di	11415 Notchcliff	Rd.			21057			States
of other than 'natural', or froms 23s or 28s-f show event, the Medical Eventine must be notified at	by Funeral Director	11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Dacedant Ev Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaer or Datas:	var in U,S.	13. Was Decede If Yas, speci	ant of Hispanic Origin ify Cuban, Maxicen, I XNo Specify:	n? (Specify Yas or N Puarto Rican, atc.)	lo- 14. Race Black Specify:	- American Indian, , Whita, atc. White
Scal	ted	15. Decedant's Ed (Specify only highast gra	ucetion	18a.	Decedant's Usual	l Occupation k dona during most o a retired)	f wadring	16b. Kind of Bus	lness/Industry
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9 6		19a. Informant's Name/Reletionship (7			_	(Street and Number			
item 27 other tr		Jeanne E. Marsh /	Wife			chcliff Ro	·-T		21057
20		1 ☐ Burial 2 X Crametion 3 ☐			Disposition (Nam		Date 2/21/00		City or Town, Stata
important: if any injury or once.	-	4 Donation 5 Other (Specify 21. Signature of Funeral Service Lieff)		Green		rematory Addrass of Facility	3/31/98	Baltim	ore, MD
important: If any injury or once.		* AND P	7		CAFA St	tephen D.			
		23a. Part1. Enfer tha disaasa, or comp shock, or heart failura. List only o	llcations that caused the			reen Pastu			Approximate
g physician and as the buriel-transit	ledical Examiner	Sequantially list conditions, if eny, leading to immediata ceusa. Enter Underlying Ceusa (Disease or injury that initiated avents rasulting in death) Last	b	ua to (or as a c	onsequance of): onsequance of): onsequance of):				
ettendin for use	Physician/Medical	Part II. Other significent conditions co	dntributing to death but	not rasulting In	tha underlying ca	usa givan in Part I.	23b. Di	d tobacco use cont	ributa to the cause of de
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has been signed l je 2 should be det	Completed b						24a. We	s en autopsy formed?	24b. Were eutopsy findin available prior to complation of cause of death?
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S D	7: To	1 Yas 2 No 27. Manner of Death	28a. Data of Injury	28b. T		A 4∟ Nurs 3c. Injuryet		sidance 8 Othai how Injury occurre	1100016
he Funeral Director. After the pletely filled in by the funeral	Certification:	1 ☑Natural 5 ☐ Panding 2 ☐ Accident 3 ☐ Suicida 6 ☐ Could not be datarmined	(Month, Day) 28a. Place of Injury building, etc.	y - At home, far	ijury M	Work? 1 ☐ Yas 2 ☐ No	28f. Location		r or Rural Routa Number,
To the Funeral Dir completely filled in	edical Ce	29a. Certifiar 1 Certifying Phy (Check only one) Medical Exam	sicien: To the best of a lner: On the besis of a and manner stele	xaminetion end	deeth occurred e	t tha time, date and j in my opinion, deeth	blece, end due to th occurred at the time	e causa(s) and man	ner as steted. nd due to the cause(s)
To the comple	Me	29b. Signature and title A certifier	CITAL INGILIES STOLE	rw.	29c.	Licanse number		29d. Data signed	(Month, Day, Year)
- 0		Nad	~			PRILLI	28	Marin	29. 19.98



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene (Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death Day **Physician** Irma Ray Meyers 28, 1998 March 5:00 PM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3 Weyhill Court Baltimore Baltimore If Undar 1 Yaar Months Days 5. Social Sacurity Number If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) April 4, 1917 Birthplaca (Stata or Foraign
Country) **Funeral** 10 M 20XF Months Hours 213-10-7859 80 Director Maryland Usual Residence of Decedent with the Maryland 10b County 10c. City. Town or Location tem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Maulical Examinar must be notified at 10d. insida City Limits Maryland Baltimore Baltimore 1 Yas 2 No Director 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? 3 Weyhill Court 21237 U.S.A. 12. Was Dacedant Evar in U.S. 14. Race - Amarican Indian. 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Armed Forces?
1 ☐ Yas 2 ☐ No Black, Whita, atc. filed within 72 hours efter Hygiene. 1 ☐ Navar Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: Yas. Giva White þ Specify: 3 XWidowed 4 ☐ Divorcad Yaar or Datas: Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa retired) Elementery/Secondary (0-12) Collage (1-4or 5+) Unknown Manufacturing Piston Ring Inspector i 2 should be filed w h end Mental Hygier Is marked other ti 17, Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Surnema) Charles Cale Blanche Manger 2 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 end 2 sh Department of Health end Important: If Item 27 Is m any Injury or other traum Mrs. Mary Susan Bauer (dghtr) 8600 Saddler Rd., Baltimore, MD 20b. Place of Disposition (Nama of camatary, cramatory or othar place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata 4 Donation 5 Dothar (Specify Entombment Gardens of Faith Maus. 4/1/98 Baltimore, Maryland 22. Nama and Addrass of Facility Loda Schimunek Funeral Home, Inc. When 9705 Belair Rd., Baltimore, MD 21236 23a. Part 1. Enter tha disaasa, or complications that ceused tha daath. Do not enter tha moda of dying, such as cerdiac or raspiratory arrast, shock, or haart failura. List only one cause on each line. Approximete Interval Batween Onsat and Death **Physician** BU to mance Immediata Cause (Finel disaasa or condition resulting In daath) /Medical Examiner Due to (or es a consequence of) 14/10 MUPE OLIVO AM TOCONCHUL/US Examiner bunel-transit Sequantially list conditions, if any, leeding to immadiate ceusa. Entar Undarlying Cause (Disaasa or injury that initiated avants rasulting in death) Last pue Due to (or es a consequance of) Box 68760 physician Physician/Medical the Dua to (or es a consaquance of): 88 ettending esn P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? the signed by 1 Yee 2 No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were autopsy findings availabla prior to complation of ceusa of deeth? 24e. Wes en eutopsy performad? Completed Deen aw has 1 ☐ Yas 2 ☐ No certificate 1 □ Yas 2 □ No Division of Vital or Attending Physician: 25. Was cese refarred to medical axaminar? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manper of Daath 28b Time of Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascriba how injury occurred After 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No hours after death. 2 Accidant 6 Could not be detarmined 3 Suicida 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 24 hours a 29e. Cartifian 1 🗹 Cartifying Physician: To tha bast of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as statad. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, deta end place, and due to the cause(s) and manner stated. To the To the Complete 29b. Signatura and title (29d. Data signed (Month, Day, Year) March 30, 1998

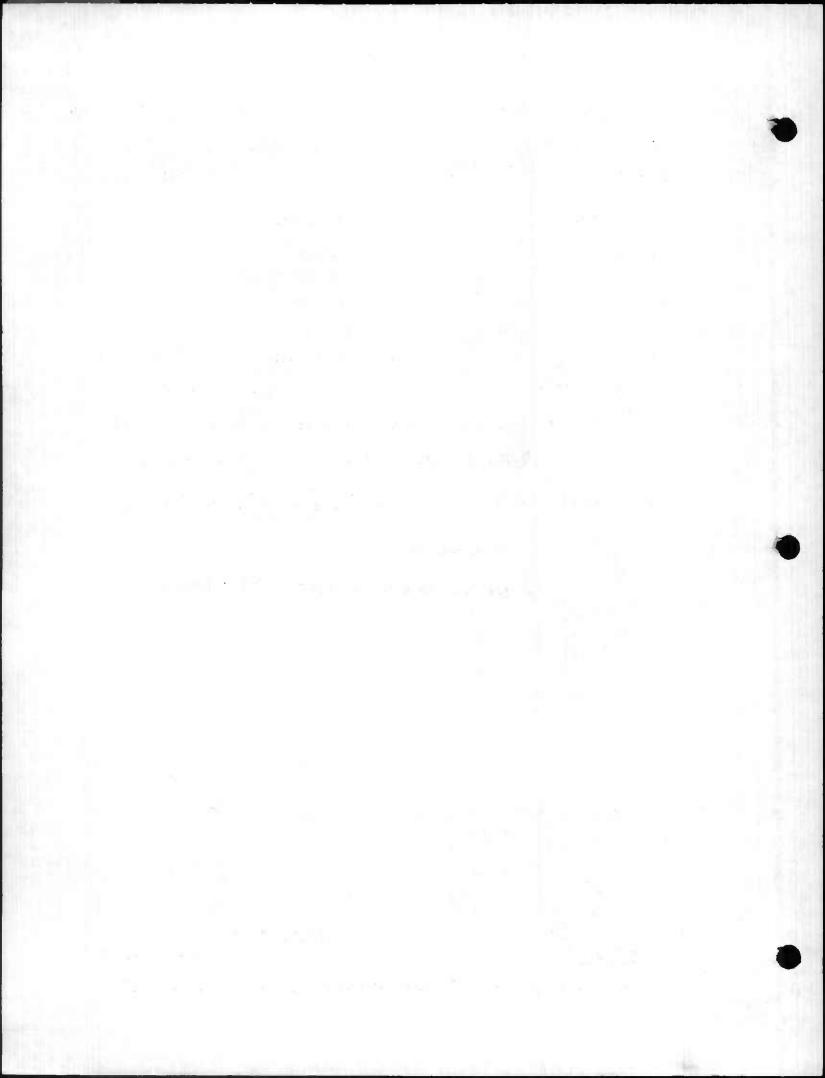
State Registrar

31. Data filed (Month, Day, Yaar)

30. Nama end address of person who completed causa of daath (Itam 23a) (Type, Print)

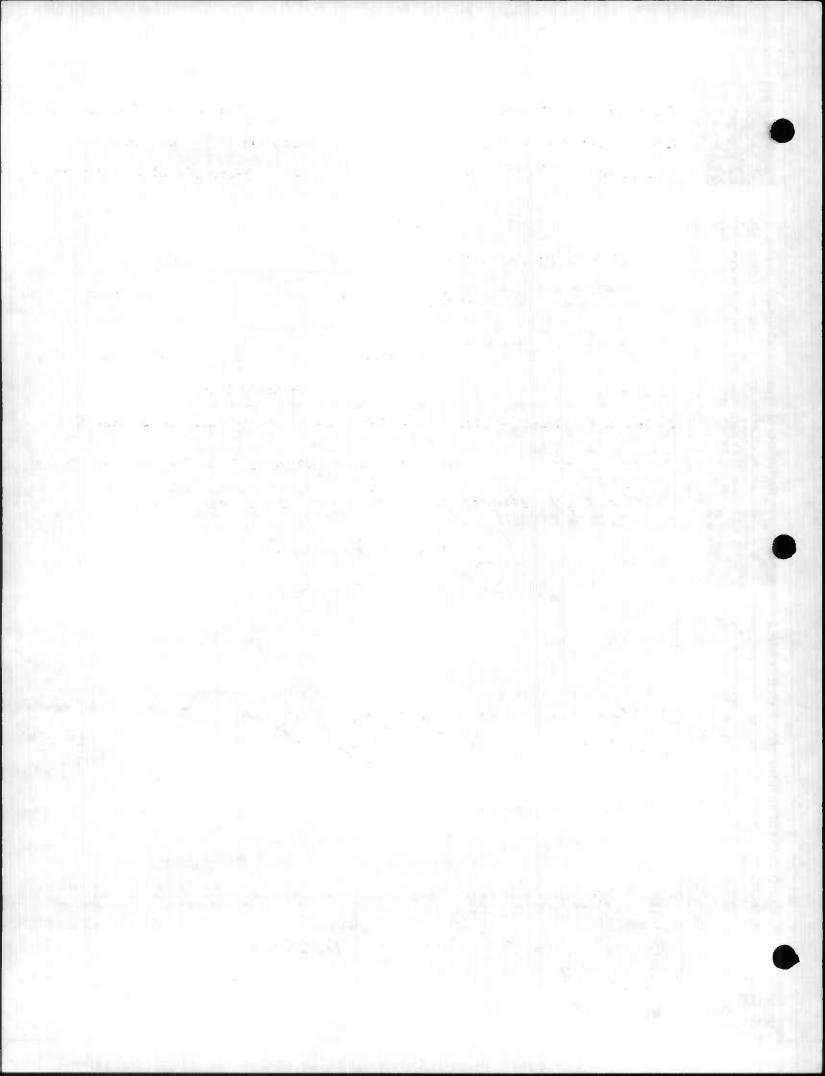
32. Ragistrar's Signatura

Dr. Stephen Selinger, 9000 Franklin Square Drive, Baltimore, MD



State of Maryland / Department of Health and Mental Hygiene 9 8 0 9 9 1 3

	Certificate of Death	Reg. No.	09913
District the second	1. Decedent's Nama (First, Middle, Last)	2. Data of Death Month Day Year	3. Tima of Death
Physician /Medical Examiner	Joseph Regis McAllister	March 28 1998	3:55 pm
LAGIIIIICI	Anne Arundel Medical Center Annapolis	Anne Aru	ndel
Funeral Director	5. Social Security Number 5. Social Security Number 6. Sex T. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) Find the property of the property	8. Date of Birth (Month, Day, Year) March 30, 1931 Pe	irthplaca (State or Foreign Country) nnsylvania
show	10a. Stata 10b. County 10c. City, Town or Location		10d. Inside City Limits 1 🕅 Yas 2 🗆 No
the Mar 28s-f si	MD Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code	10g. Citizen of What C	
th with 23a or all Di	1841 Baltimore Annapolis Blvd 21401	USA	
020 urs after at, or its	tt Yes, Give 1950— 1 ☐ Yes 2₺ No Specify:	cify Yes or No- Rican, etc.) 14. Race - Am Black, Wh	ite, etc.
1 21215-00; led within 72 hours tygiena. The Mariteal Ext. fre Mariteal Ext. Completed by	15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of workin life. DO NOT use retired)	16b. Kind of Business	s/Industry
2121 d within jiene. r then tre Me	Elementary/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)		
CA BERT	12 4 Accountant 17. Father's Name (First, Middle, Last) 18. Mother's Name	(First, Middle, Maiden Sumame)	ıg
yland white Hyd Mental Hyd Mental Hyd arked other aftic event,			
E SPEE	19a. tntormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rura		, Zip Code)
C = 01 L	Judith A. McAllister - Wife 1841 Baltimore Annapoli		
Baltimore, Minimir. Pages 1 and 3 modernment of Health important of Health in Hear 27 my Injury or other trunch	20a. Method of Disposition 20b. Place of Disposition (Name of	Date 20c. Location - City o	
Page Page out: If ry or	**Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Maryland Veterans Cemetery	4/06 Cheltenham	, Maryland
Saltim imit. Pa spertmen spertment: ny Injury nose.	21. Signature of Fuperal Service Licegaee / // 22. Name and Address of Facility		iy ilaz y zama
w 88 E 8 8	Hardesty Funeral H	lome, P.A.	01.401
	23a Part1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. East only one cause on each line.	r respiratory arrest,	Approximate Interval Between
Physician /Medical Examiner	Immediata Causa (Final disease or condition resulting in death) a. Due to (gr as a consequence of		Onset and Death
od sit	Septic Shock		
60,	Cause. Litter Origenying		
death certificate been cattending physical of or use as the pure siclar/Medical Esiciar/Medical rasulting in death) Last			
Box authorise for use			
P.O. that the day the a detached	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use contribu	te to the cause of death? Probably 4 1 Unknown
cords, requires been sign should be	dichetes mellit type	24a. Was an autopsy performed?	. Were autopsy findings available prior to completion of causa of death?
The law rate has page 2		1□ Yes 2500	1 ☐ Yes 2 ☐ No
Vital Formal delan: The certificate rector, pag	25. Was casa reterred to medical 26. Place of Death	(Check only one)	
E 5 5 5 9	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hor	ma 5 Residence 6 Other (Sp 28d. Describe how Injury occurred	pecify)
Division c Hospital or Attending P. 124 hours after death. Ne Furneral Director: After ti oletaly filled in by the funeral edical Certification:	3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify)	28f. Location (Street and Number or I City or Town, State)	Rural Routa Number,
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To th To th comp		29d. Date signed (Mo	nth, Day, Year)
6	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	A Dine	ml. 2/401
State Registrar	31. Date tiled (Month, Day, Year) 12. Registrar's Signature 13. Date tiled (Month, Day, Year)		7.7.4.4.4



nysici		I tem: 23 pa 1. Decedent's Name (F							2. Dete of D			3. Time of Death
Medi		JOSE	EPH F	RICHARD	MOOF	RE SR.			Month	Dey 29, 19	Yeer 98	5:00 pm
xamir		4e. Fecility Name (If no	ot institution, giv	e street and number)				4b. City, Town, o	r Location of Dee			reo pin
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neral		5. Social Security Num	iber 6.9	VIA OF E		est birthdey)	If Under 1 Yes		n. (Month, E	Pey, Yeer)	9. Birthpled	ce (State or Forei
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ligit in	Director	10e. Street and Numbe		under	Seve	CTII	10f. Zip Code			10g. Citizen of I	Athat Course	
- 20	ā	781 Jennie					2114				erial country	
munt	era	11. Marital Status	DLIVE	12. Was Decedent E	Ever in U.S	13 W			(Specify Yes or N	USA 14 Bac	e - American	Indian.
aminer m	y Funeral	1 Never Married		12. Was Decedent I Armed Forces? 1 Yes 2 N If Yes, Give	° 1954	4- 10	Yes, specify C □ Yes 2 X N	f Hispanic Origin? uban, Mexican, Pud lo Specify:	irto Rican, etc.)		ck, White, etc. White	0.
dical Ex	ted by	3 ☐ Widowed 4 ☐	5. Decedent's Ec	Year or Dates: lucation	1956	16a, Decede	nt's Usual Occ	cupation		16b. Kind of B	TA	
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ar tra		Barbara Jea	an Moore	e - Wife		781 Je	ennie D	rive, Sev	vern, MD	21144		
other tra		20s. Method of Disposi			20b. Pla	ace of Disposi			Date	20c. Location -	City or Town	n, State
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any injury or ODCS.		21. Signature of Figner	ra/Service Licen	900 / /	11	-	The second second	tress of Facility		1		
any		1 Sato	200	March	1		Hardes	ty Funera	al Home,	P.A.		22
		23s. Part1. Enter the c	disease or com	plications that caused	the death.	Do not enter	12 R1d	gelv Aver	nue. Ann	apolis.		IO1 pproximate
cian		23a. Part1. Enter the c shock, or heart fa	siture. "List only	one cause on each lin	H.						lr lr	nterval Between Inset and Death
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** ONZO MARCH 920 98 25 /Medical 4b. City, Town, or Location of Death Facility Name (If not institution, give street and number) 4c. County of Death Examiner trundo lf Under 24 orth 7. Age (In yrs. last birthday) 72 Yrs. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Min. 15 1 2 F Months Days Hours 220-14-2843 Director Feb. 25, 1926 Md. Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at Md. Anne Arundel 1 ☐ Yes 25 No Director Severn 10e. Sfreef and Number 10f. Zip Code 10g. Citizen of Whet Country? 436 Queenstown Road 21144 USA permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian, 11. Marital Status Black, White, etc. Yes 2 No 1944 Tres Give Year or Dates: 1946 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes % No Specify: Specify: Black P 3 ☐ Widowed ★ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Painter Dept. of Army 6th grade 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) James A. Matthews Mabel Brown 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Carol Ann Gaither 436 Queenstown Road Severn, Md. 21144 other 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 15 Burial 2 Cremation 3 Removal from State 6 Crownsville Veterans Cem. March 30 Crownsville, Md. any Injury 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Servica Licensee tulle 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervai Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai Heart **Examiner** Due to (or as a consequence of) Examiner physician and the bural-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury fhat initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): 080 signed by the a 23b. Did tobecco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Urknown þ 8 24b. Were autopsy findings available prior to 24e. Was an autopsy performed? Completed completion of cause of death? page 2 hes certificate 1 Yea 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director. 25. Was case referred to medical examiner?
11 Yes 2 □ No Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 KER/Outpatient 3□ DOA this 28a. Date of Injury / (Month, Dey Yeer) funeral 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury af Work? After 1 Neturel 2 Accident 5 Pending after death. Director: Aft 1 Yes 2 □ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

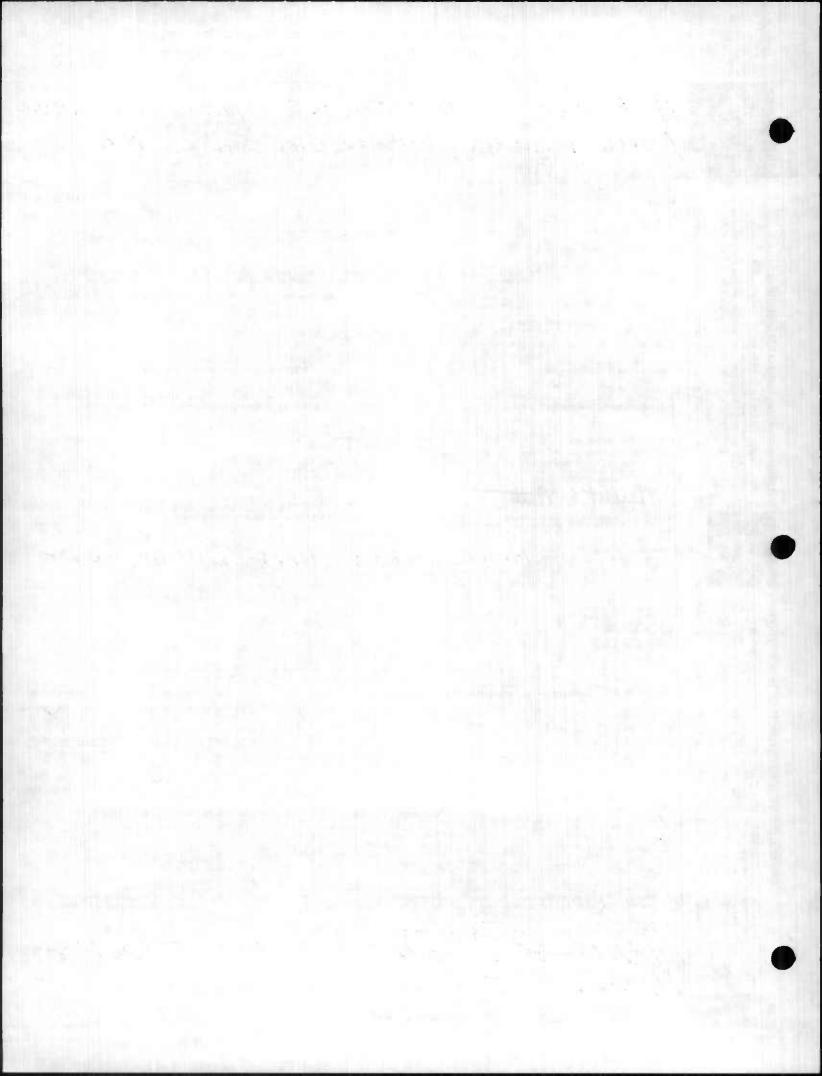
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier edicai (Check only one) To the Vithin 2 29b. Signature and fitte of cartified 29d. Date signed (Month, Day, Year) Deputy and eddress of person who complete cause of death (Item 23e) (Type, Print) 695 America 11/1AM DNC.

32. Registrar's Signeture

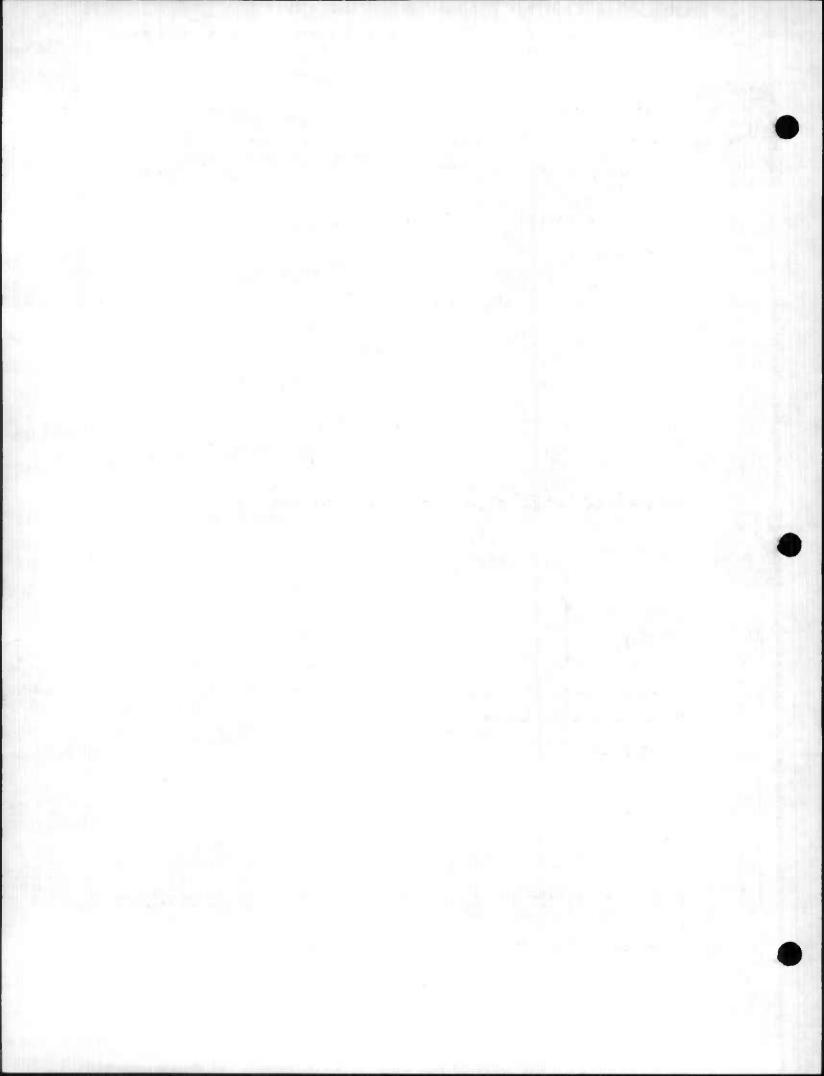
State Registrar

31. Date filed (Month, Day, Year)

MAR 3 1 1998



		State of Maryland / Department of Health Certificate of Death		ygiene Reg. No. 98	09916						
Physici /Medic		1. Decedent's Name (First, Middle, Last) Joseph McDeshen	2. Dete of I Month March	Day Yea	3. Time of Death						
Examir Funeral Director		Johns Hopkins University Bayview Medical Center Balt 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year II Under Months Deys Hours	own, or Location of Dec timore r24 Hrs. 8. Date of Min. (Month.) April	/-	9. Birthplece (State or Foreign						
Aaryland I show		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location MD Baltimore Dundalk			10d. Inside City Limits 1 □ Yes 2 No						
72 hours efter death with the Maryland naturel', or frems 23a or 28a-f show ocal Example; must be notified at		10e. Street and Number 10f. Zip Code 8210 Bullneck Rd 21222	10f. Zip Code								
urs efter dea	by Fune	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Narried if Yes, Sive Year or Dates: 1947	en, Puerto Rican, etc.)	Bleck, W	umericen Indian, /hite, etc. White						
ithin Ne.	npieted	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+)	st of working	16b. Kind of Busine							
permit. Pages 1 and 2 should be filed withit Depertment of Health and Mentel Hygiene. Important: If Nem 27 is marked other than any Injury or other traumatic event, the Monce.	To Be Co		er's Name (First, Midd en Kudri	le, Maiden Surneme)	i MD						
1 end 2 sho lealth and h m 27 is mai	_	19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Numb 19c. Mailing Address (Street end Numb 8210 Bullneck	Rd Balt	imore, MD	21222						
Demit. Peges 1 er Depertment of Hea mportant: If Item in Injury or othe		20a. Method of Disposition 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Holly Hill Memorial 1998 Baltimor									
Deper Impo		21. Signature of Funeral Service Licensee 22. Name end Address of Facility Connelly Funeral Home of Dundalk 7110 Sollers Point Rd 21222 23a. Pert Enter the diserts, or complications thet caused the death/to not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between									
Physician /Medical Examiner	/Medical Examiner	shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in deeth) e. **Dut to box** Pneumonia** Due to (or es e consequence of):			Interval Between Onset and Deeth						
death certificate because led e ettending prysican and of for use es the becal-transit		Cause (Disease or Injury that initiated events resulting in death) Last C. Due to (or es a consequence of):									
0 0 0	Physician/M	Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part		b. Did tobacco use contribute to the cause of death							
iaw requires that the es been signed by th 2 should be detech	by	Metastatic Prostate Cancer Type IL Dichetes	24e. We	Wes en eutopsy performed? 24b. Were autopsy finding evelleble prior to completion of caus							
The ate h	Be Completed	HTN 25. Was case referred to medicel 26. Place	1 E	Yes 2 No	of death? 1 ☐ Yes 2 ☐ No						
il or Attending Physician: effer death. I Director: After this certific d in by the funeral director,	To I	Hospital: Manner of Deeth Section Hospital: Manner of Deeth Section Sect	ursing Home 5 Re 28d. Describe	me 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred							
spital or Attending tours effer death. Peral Director: After filled in by the fune	ai Certification:	3 Suicide 4 Homlcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number City or Town, Stete) 29a. Certifier 18 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	Medical	(Check only 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, decend manner stated. 29b. Signature and title of certifier 29c. License number	eth occurred et the time	29d. Dete signed (M. March 29,	onth, Dey, Year)						
10		30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) William T 4940 Eastern Avenue Baltimore, ND 21324	iseng								
Sta Registr		31. Date filed (Month, Dey, Year) MAR 3 1 1998 32. Redistrar's Signature									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Dorothy Morrissey March 21, 1998 10:00 A.M. /Medicai 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 3432 Courtway Dundalk **Baltimore** 5. Social Security Number if Under 1 Year if Under 24 Hrs. Months Days Hours Min. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** Days 1□M 2√F 213-07-7937 80 Yrs Director Aug. 8, 1917 Maryland Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Experiment. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No **Baltimore** Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3432 Courtway 21222 U.S.A. Funeral 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2√ No If Yes, Give Year or Dates: 1 Nevar Married 2 ☐ Married 1 ☐ Yes > No Specify: by Specify: White 3X Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Secretary Steel Company 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be John Oechsler Elizabeth Hanna 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Robert Currier/ Nechew 3401 Logan View Drive, Dundalk, Md. 21222 20b. Placa of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State X Burial 2 Cremation 3 Ramoval from State Oak Lawn Cemetery 3-25-1998 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Servica Lig Pradley-Ashton-Dabrowski-Matthews Funeral Home, Inc. 2134 Willow Spring Road, Baltimore, Md. 21222 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death Physician /Medical Immediata Cause (Final Immediato ardiac arrest disease or condition resulting In death) **Examiner** Physician/Medical Examiner Bradycardia Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last pue P.O. Box 68760, stenosis tic Dua to (or as a consequence of) The law requires that the death certificate Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Dementia Division of Vital Records, þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? After this certificate has been Hypertension 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 0 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident efter death Director: 3 Sulcida 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 T Homicide To the Hospital of within 24 hours of To the Funeral D completely filled Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29a, Cartifian 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) MD PhD, Greater Dundalk Medical Center 2112 Dundalk Ave.

32. Registre's signature. 321 Finance Mary land 21222

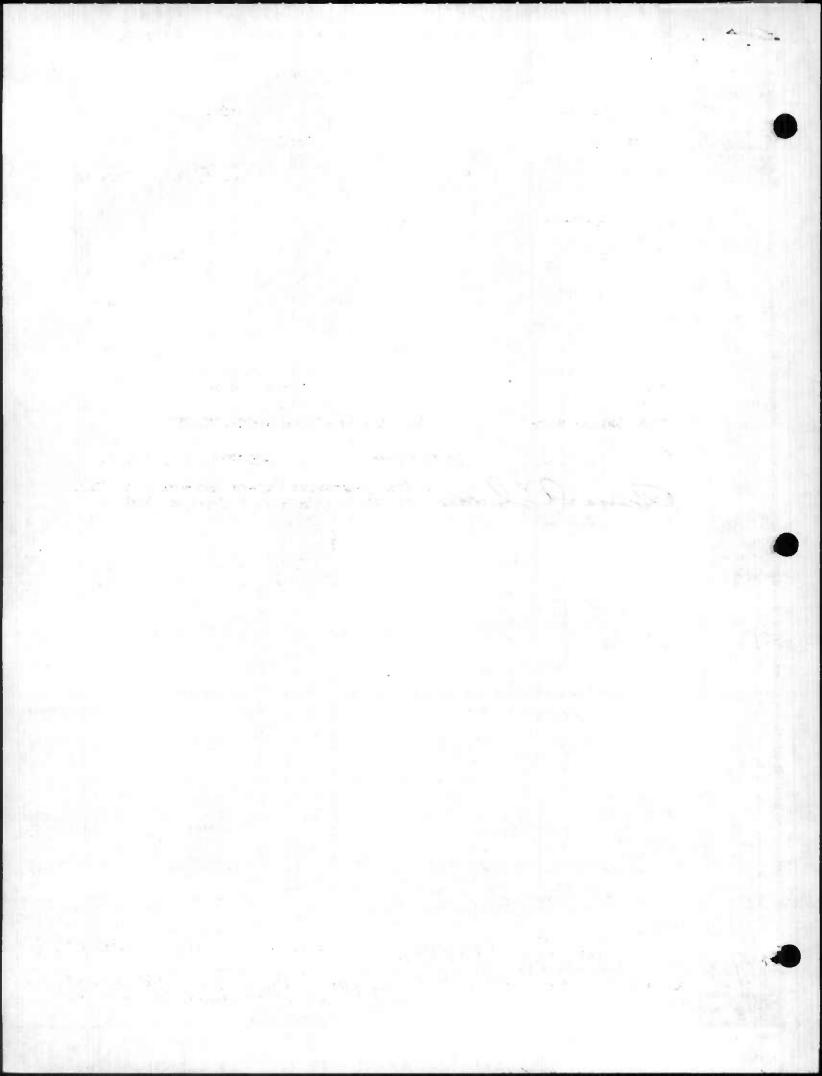
State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Ann Newill,

MAR 3 1 1998

arol 31. Date filed (Month, Day, Yaar)

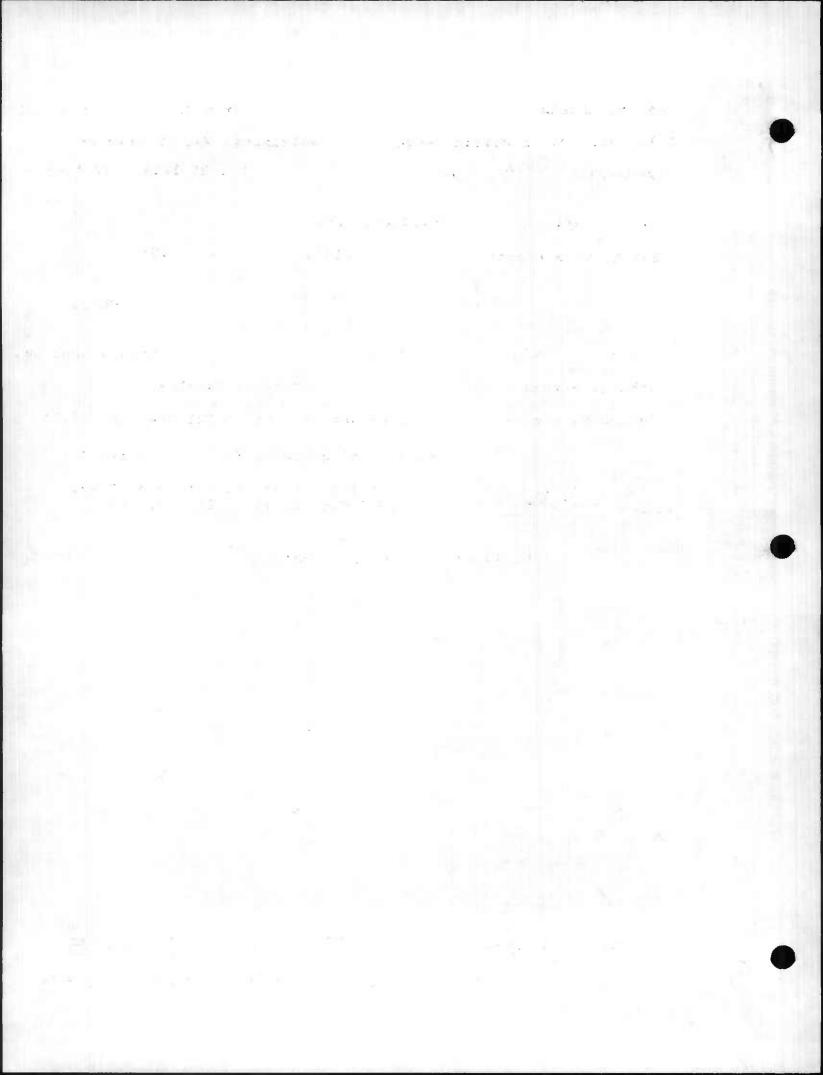


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Lest) **Physician** Jane V. Martin March 28 1998 9:50 PM /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holly Hill Manor Nursing Home Baltimore, Md. Baltimore if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Hours Min. Feb 25 1914 If Under 1 Yeer 5. Sociel Security Number 9. Birthplace (State or Foreign Country)
Maryland 6 Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 200 F Months Days Yrs. 84 Director 212-03-7318 Usuai Residence of Decedent with the Maryland 10e State 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Meu ral Examiner must be notified at 1⊠Yes 2□No Director Baltimore, Md. Md N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21212 205 E. Lake Avenue Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indian 11. Maritai Status Biack, White, etc. Pages 1 and 2 should be filed within 72 hours after tent of Health and Mental Hygiene. Int: If Nem 27 is marked other than "naturel", or Nei 1 Yes 2 No If Yes, Give Year or Dates: 153 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 Widowed 4 Divorced White Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12th Clerk Savings & Loan Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) John A. Martin Mary E. Eshelman 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Joseph P. Rieger 6307 Weidner Ave. Baltimore, Md. 21212 other 1 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 6 permit. Page Department of Important: If eny Injury or page. Dulaney Valley Cemt. 4/2 Baltimore Co. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility Hartley Miller Funeral Home, CHTD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) (Seudomembranou) Zutero colitis Month Examiner Due to (or as a consequence of): Examiner hysterian and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 63760. Physician/Medical Due to (or as a consequence of): Part It. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 20 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24a. Wes an eutopsy Completed completion of cause of death? has 1 Yes 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: after death. Director: After this certific funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? Certification: 28e. Date of Injury (Month, Day Year) Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number 30 MAR 98 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Ste 38. Lutherville My 21093 Marc I. Leave, 31. Date filed (Month, Day, Year) York Road. 1205 32 Registrar's Signature Randson State MAR 3 1 1998 Registrar

DHMH 16 Rev 6/95

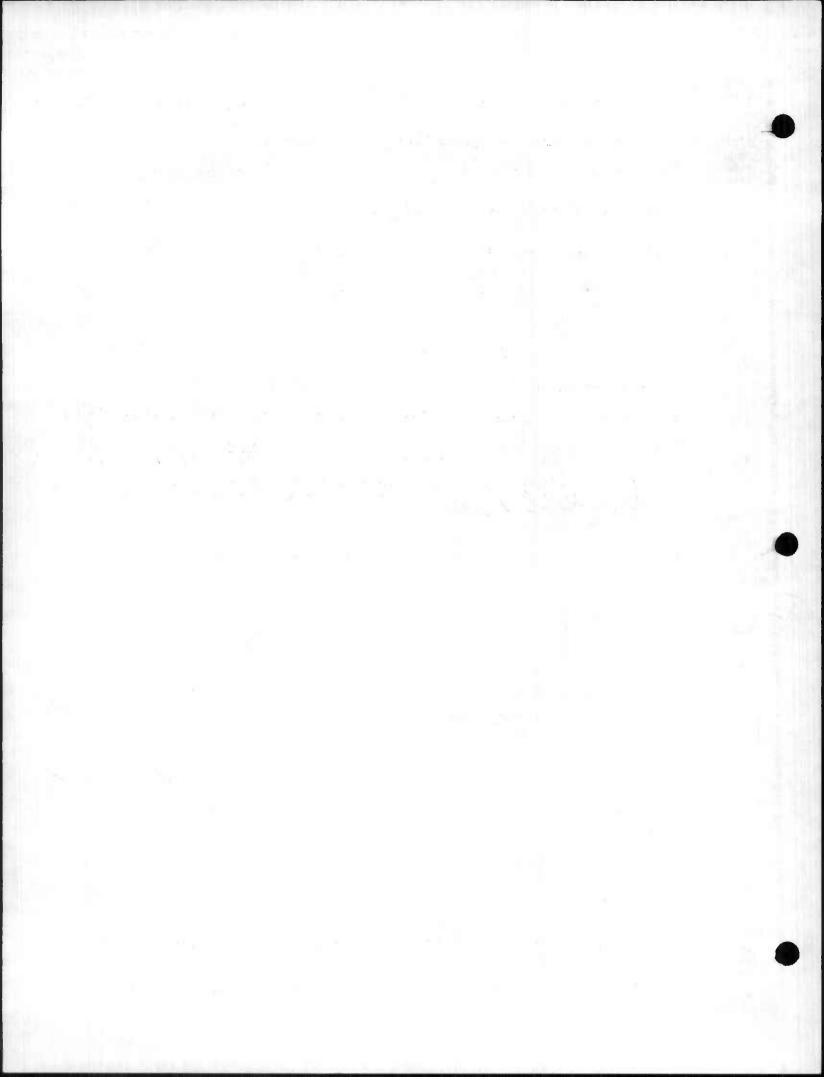


State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** MARCH 29 DE 1998 NELSON 9:00 AM MYRTLE B. /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Co. 7742 Baltimore Annapolis Blvd. Glen Burnie 7. Age (In yrs. last birthday) 72 Yrs. If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign August 26 1925 W. VA. 5. Sociel Sacurity Number **Funeral** 1 ☐ M 2 🖸 F 723-07-8906 Yrs. Director Usual Rasidance of Decedant death with the Maryland 10b. County 10a. Stata 10c. City. Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Anne Arundel Co. Md. Glen Burnie 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? USA 21060 7742 Baltimore Annapolis Blvd. Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 10 No tf Yas, Giva Yaar or Datas: Was Dacedant of Hispenic Origin? (Specify Yas or Notif Yas, specify Cuban, Maxicen, Puerto Rican, atc.) Race - Amarlcen Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours affer to Department of Health and Mental Hygiens. Important: If from 27 is marked other than "natural" or incomply injury or other traument. 1 Navar Married 2 Married white Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: py 3 Widowed 4 Divorced Completed 16a. Decedent's Usuet Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Collaga (1-4or 5+) Elemantary/Secondary (0-12) Home Owner Homemaker 17. Father's Nema (First, Middla, Last) 18. Mother's Nama (First, Middle, Maldan Sumame) Be Laura Belle Imes Charles Daniel Judy 2 19b. Mailing Address (Street and Number or Rural Route Number, City of Town, State, Zip.Code), Md 7742 Baltimore Annapolis Blvd. Glen Burnie 1060 19a. tnformant's Name/Ralationship (Type, Print) Losee J. Nelson (HUsband) 20b. Place of Disposition (Nama of cametary, cramatory or other placa) 20c. Location - City or Town, Steta Paw Paw W.VA. Morgan County 20a. Mathod of Disposition 1 XBurlal 2 Cremation 3 Ramoval from Stata Woodrow Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) unaral Sarvice License ^{22, Nama and Address of Facility} McCully-Polyniak Funeral Home 130 E. Fort Ave., Baltimore, Md. 21230 daeth. Do not antar tha moda of dying, such as cerdiac or raspiratory arrast, Approximate Interval Batween Onset and Deeth **Physician** /Medical Immediata Ceusa (Final Cardiorespirelary hour disaasa or condition rasulting in daath) Examiner Examiner Saquantially list conditions, if any, teeding to immadiata ceuse. Enter Underlying Ceusa (Disaasa or Injury that initieted avents resulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cardiomyapallo þ 8 24b. Wara autopsy findings avellable prior to completion of cause of daath? Completed 24a. Was an autopsy peeu 2 No 1 Yas 2 No 1 Yas certificate To the Hospital or Attending Physician: within 24 hours after death.

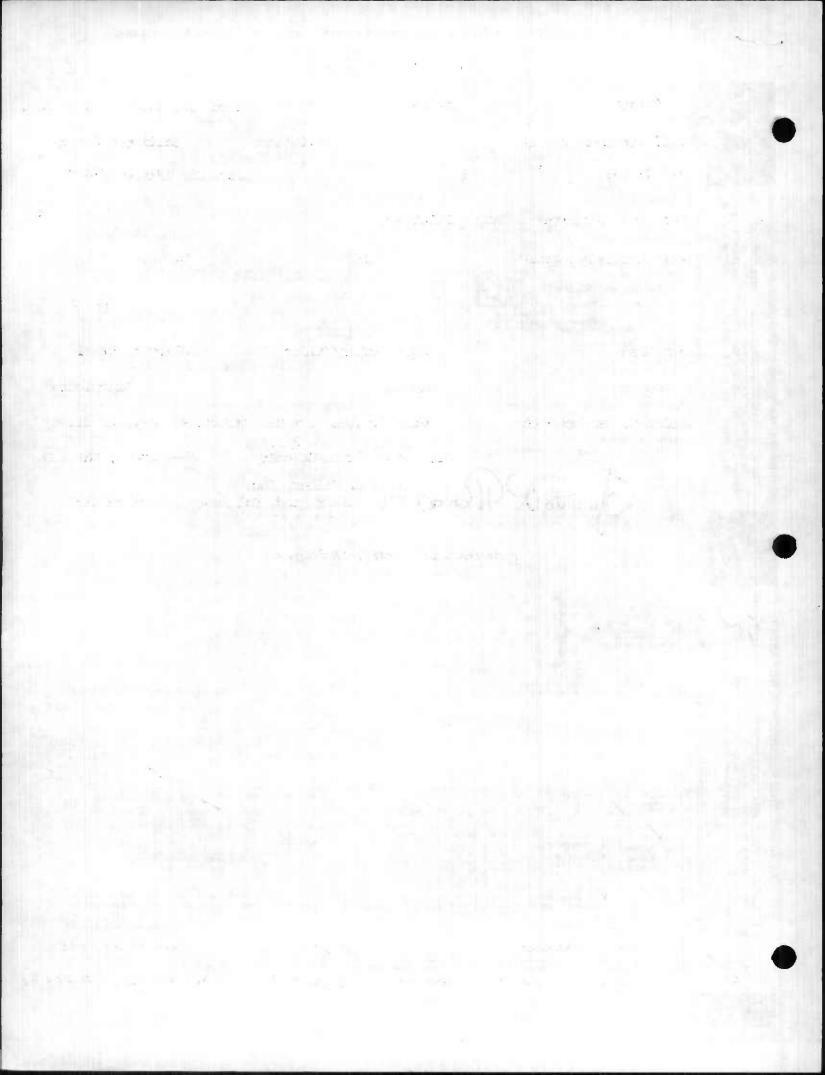
To the Funeral Director: After this certifica completely filled in by the funeral director r 25. Was cese rafarred to medicel Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Aasidance 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Menner of Death 28a. Data of tnjury (Month, Day Yaar) 28b. Tima of 28c. tnjury et Work? 28d. Dascribe how injury occurred Medical Certification: 1 Naturet 5 Panding 1 ☐ Yas 2 ☐ No Investigation 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of tnjury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homicide 1 Certifying Phyeician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the ceusa(s) and mannar as stated.

2 Medicat Examtner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and mannar stated. 29a. Cartifian (Check only one) 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signeture and title of certifier march 31, 1998 30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Typa, Print) Glen Burnie mo 21061 Basant Khandelwal 1600 S Crain Hwy #201 31. Data filed (Month, Day, Year) MAR 3 1 1998 32. Registrerie Signatura Andele State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No." 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Day Month **Physician** Aristide Nardone March 25, 1998 7:00 A.M. /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6117 Marglenn Avenue Baltimore Baltimore County 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 10 M 2□ F Months Days Hours Min Yrs. 213-09-3668 **Director** Dec. 25, 1916 Maryland Usual Residence of Decedent the Maryland r 28a-f ehow 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Baltimore County Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with / ie marked other than "naturel", or items 23e or traumatic event, the Madical Examinar must be a permit. Pages 1 and 2 should be filed within 72 hours after deeth v
Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel", or items 23e
any Injury or other traumatic event, tra Medical Experience. 6117 Marglenn Avenue 21206 U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify à 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 8th Grade (0-12) College (1-4or 5+) Pipe Fitter/Welder Shipyard/Steel 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Leonard Nardone Giampietro 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen G. Nardone/Wife 6117 Marglenn Avenue, Baltimore, Maryland 21206 altimore, 20b. Placa of Disposition (Name of cemetery, crematory or other place) 3/28/98 Data 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramovai from State Gardens of Faith Cemetery Baltimore, Maryland 4 Donation Other (Specify) 21. Signature of Funeral Sarvice Licenses John C. Miller, Inc. Homas 6415 Belair Road, Baltimore, Maryland 21206 uanita Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart allure. List only one cause on each line. 23a. Part 1. Enter th Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting In death) MALIGNANT MEGOTHELIOMA Examiner Due to (or as a consequence of) Examiner physician end as the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that inilialed events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown signed t Division of Vital Records, Š 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen hes 1 Yes 2 No 1 Yes 2 No certificata funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27, Mannet of Death 28a. Date of tnjury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. tnjury at Work? Certification: After Attending 1 Natural 5 Pending hours after deeth. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8 Hospital 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical completaly 2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and manner stated. (Check only one) within 2 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) cullyaraxous March 27, 1998 D16619 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ST- BALTIMORE MD 21231 100 N. BRODDINAY C. VERGARA - SOARES 32. Registra & Signature

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) MAR. **Physician** ODESSKIY LEYVA 25 1998 5:05AM /Medical 4a Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner N/A BALTIMORE LEVINDALE If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month Day, Year) OCT -15, 1919 5 Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** XOM 2OF Months Deys Hours Min UKRAINE 214-43-7373 78 Yrs. Director Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ebov traumatic event, the Modical Examinar must be notified at 1 Yes 2 No BALTIMORE Director MD BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21215 RUSSIA 4420 EVAMAY RD., APT. 2-D Funeral death Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 12. Wes Decedent Ever in U,S. Armed Forces? Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Detes: WHITE 1 ☐ Yes 2 Ho Specify: à 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) SALESMAN SHOE PLANT UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be facent of Heelth and Mentel Fint: If Item 27 is marked of ODESSKIY UNKNOWN SHAYA 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4420 EVAMAY RD., APT. 2-D BALTO., MD ALEX ODESSKIY (SON) Baltimore, 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 Cremation 3 Removel from State 6 3/25/98 BALTIMORE, MD Department of Important: If any Injury or BALTIMORE HEBREW 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licansee 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 23a. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximate Physician /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) chemic renal fullerse 6 moulle Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? chrendent-diapetes 1 Yea 2 No 3 Probably 4 Miknown à 24b. Were eutopsy tindings aveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 2010 1 Yes 1 Tyes 2 No 25. Wes case referred to medical exeminer?
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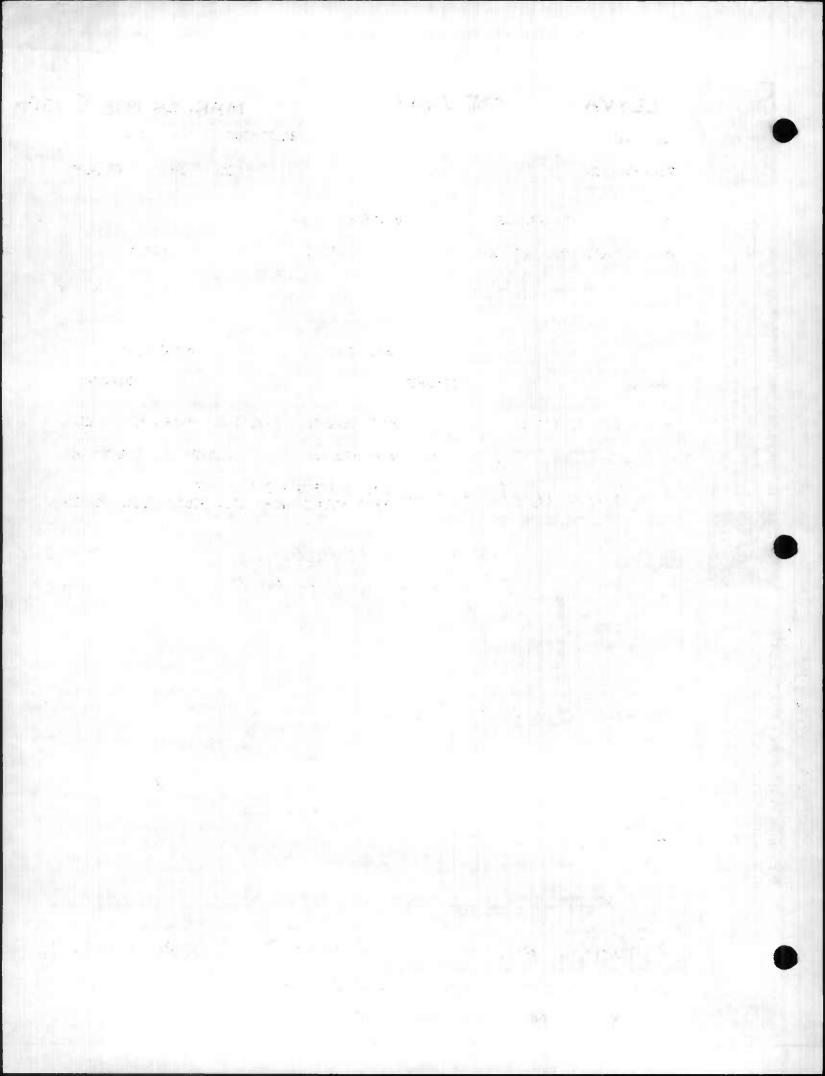
**Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29e. Certifier (Check only one) Fo the Period 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signeture and title of certifier D44817 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 2434 & Belveckere are Baltimore MD 2125

32. Registrar's Signeture

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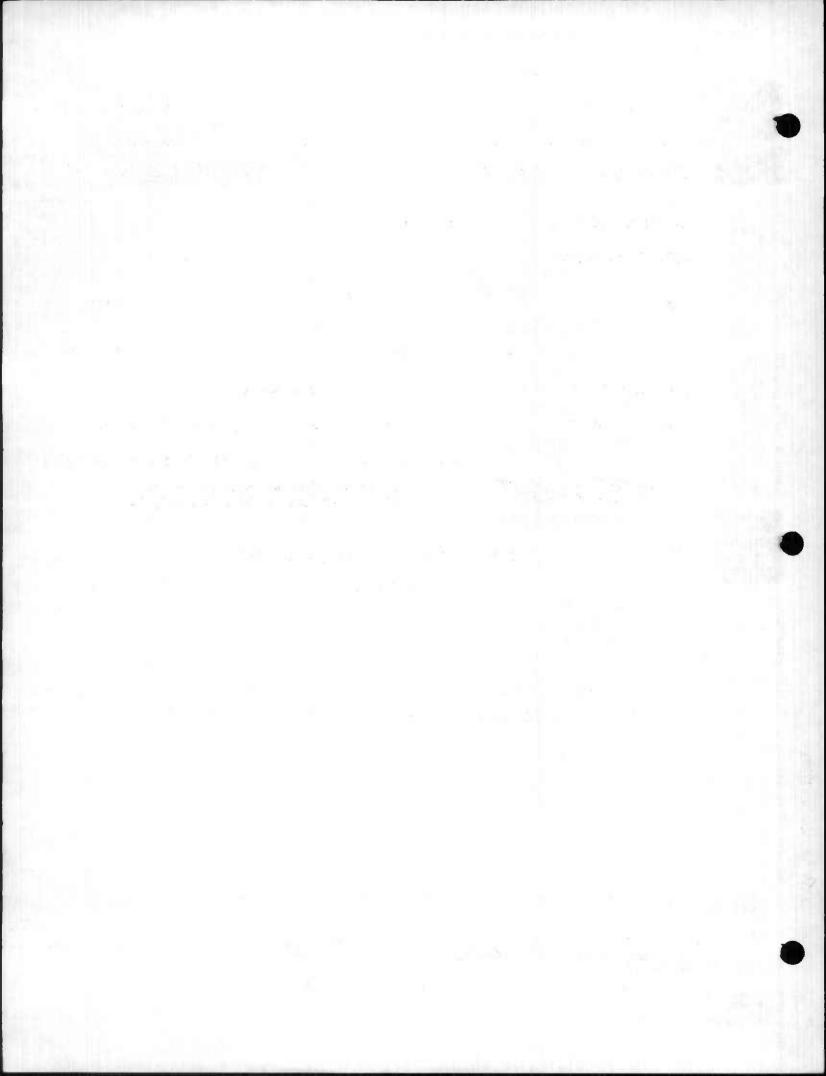
Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death AKA Vera 9:40 P.M. March 28, 1998 Elvira A. Onorato 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Manor Care Health Services Baltimore Towson 6. Date of Birth (Month, Day, Year) Oct. 7, 1911 If Under 1 Yaar If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign 1□M 2ØF Months Days Hours Min Illihois Yrs 212-03-9586 Usual Residence of Decedent 10a. State 10h. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3428 Woodstock Avenue 21213 U. S. A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No if Yes, Give Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Nidowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada completed) 16h Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Unknown 18. Mothar's Name (First, Middle, Maidan Sumama) 17. Father's Name (First, Middle, Last) Grace Ciopolo Mario Satariano 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) William S. Little 723 S. Charles St., Baltimore, Maryland 21230 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/31/98 Baltimore. Maryland Most Holy Redeemer 22. Name and Addrass of Facility
Schimunek Funeral Home Inc. 21. Signature of Funeral Servica Licansee Buin a. Wellen 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Maryland 21213 Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) RITICAL 3 years Due to (or as a consequence of) Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of deeth? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of daath? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only ona) examiner? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

the attending physician and hed for use as the burial-transit

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To the Hospital of Attending Ph within 24 hours effer death. To the Funeral Director: Affer th completely filled in by the funeral

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Certification:

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Box 68760

P.O.

Division of Vital Records,

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examiner must be not lised at

permit. Pages 1 and 2 should be flied within 72 hours after death be Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or Items 23s eny Injury or other traumatic avent

3altimore, Maryland 21215-0020

the Maryland

Examiner Sequentially list conditions, if any, leading to Immadiate causa. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Physician/Medical ò Completed

Hypertension, Paroxysmal Atrial Fibrillation Cholelithiusis, Depression

25. Was case raferred to medical examiner?

Other: 4 Nursing Home 5 Rasidenca 6 Othar (Specify) 28d. Describe how Injury occurred

27. Manpar of Daath 2 Accident 6 Could not be determined 3 ☐ Suicide

28a. Date of Injury (Month, Day Year) 5 Pending Investigation

28c. Injury at Work? 1 Yas 2 No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)

28b. Time of

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

4 Homicida

1 🖰 Certifying Physician: To the best of my knowledge, death occurrad at tha tima, date and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

295. Signature and title to certifie

29c. License numbar

29d. Date signed (Month, Day, Year)

31. Data filad (Month, Day, Yaar)

MAR 3 1 1998

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

W: Ita MD 7600 OSIEC Dr#311 TOWSON,

State Registrar of its house have a compression waters any it

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item 7,8 Per FH Film G758 4-6-98 rja 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** 30 Oan ORRAINE JETTERS ATE march /Medical 4e. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner NA tospital UHMORE If Undar 24 Hrs. 8. maryland reneral 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, 6. Sex 1 9 4 1 4 1 9. Birthplece (Steta or Foreign **Funeral** Months Days Hours 1 M 2 W 220-36-5835 56 55 Yrs. Director Usual Residence of Decedant 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Modical Examiner must be notified at Baltimore 1 THES 2 No Director NA mod 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? aR Stre 2121 USA 1140 Funeral 12 Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 11. Maritai Status Peges 1 end 2 should be filed within 72 hours after tent of Health end Mental Hygiene. 1 ☐ Yes 2 ☑ 100 If Yas, Giva Year or Datas: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced lac Completed 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) WORKER 12+1 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) DETTERS LOUE Duggans largaret 19e. Informent's Name/Relationship (Type, Print) Important: if item 27 is m any injury or other traum once. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Daughter 2330 W-Lasvale 10 landa Ito. md 21216 20b. Placa of Disposition (Neme of cemetery, crametery or other placa) 2Qc. Location - City or Town, Stata Method of Disposition Date 1 ☐ Suriel 2 ☐ Cremetion 3 ☐ Removel from State Kandalls 4-2-98 4 ☐ Donation 5 ☐ Other (Specify) ark re of Funeral Service Licensee 22 Name and Address of Facility 21. Signah tuperal HOME WEST THE Balto. 4300 Wabash 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. **Physician** /Medical Immediate Ceusa (Final disease or condition resulting in death) Examiner Due to (or as a consequer Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): physician s the burial P.O. Box 68760, Physician/Medical Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed the should be detected to the should be detected to the should be detected to the should be signed to the should be signed to the should be shou Records. à 24b. Were autopsy findings available prior to complation of cause of death? Completed 24e. Was en eutopsy performed? page 2 s 2 No 1 ☐ Yes 2 ☐ No. Division of Vital Hospitar or Attending Physician: The funeral director, 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) edicai Certification: To 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA After this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending death. 1 Yes 2 No investigetion 2 Accident within 24 hours efter deat To the Funeral Director: completely filled in by the 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier the 29c. License number 29d. Data signed (Month, Dey, Year) 29b. Signature and title of cartified 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Maryland General Hospita Nicolas

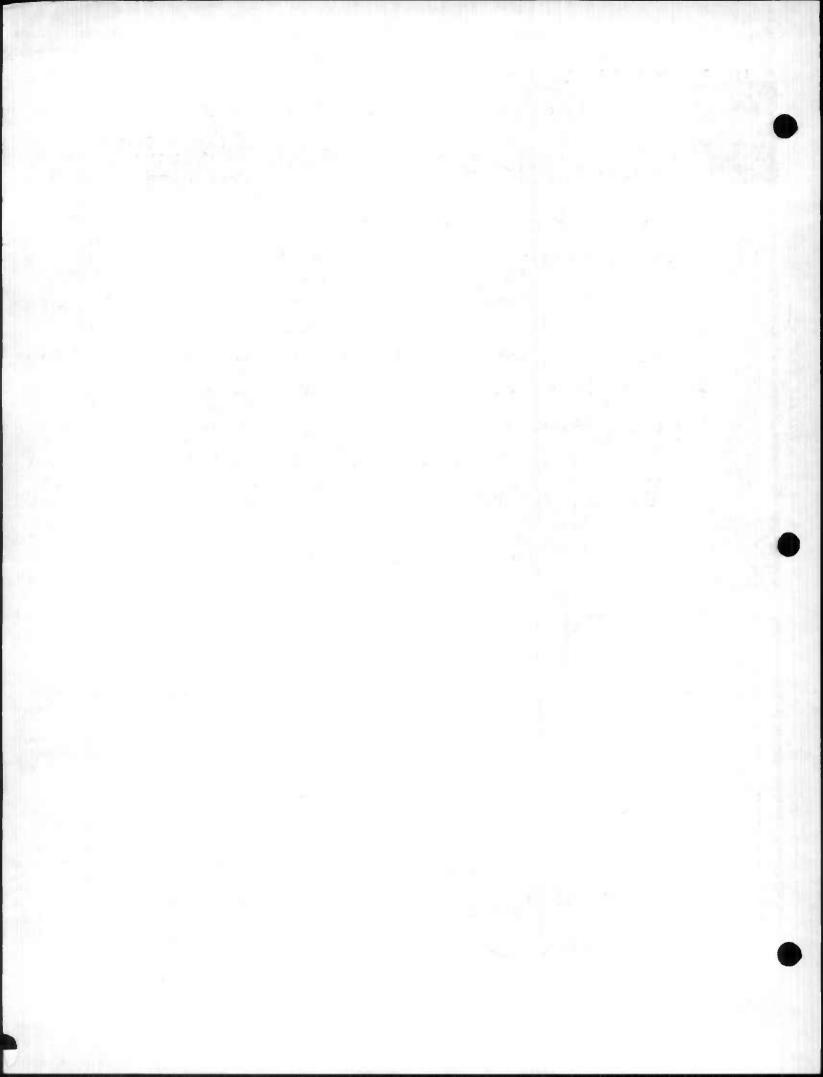
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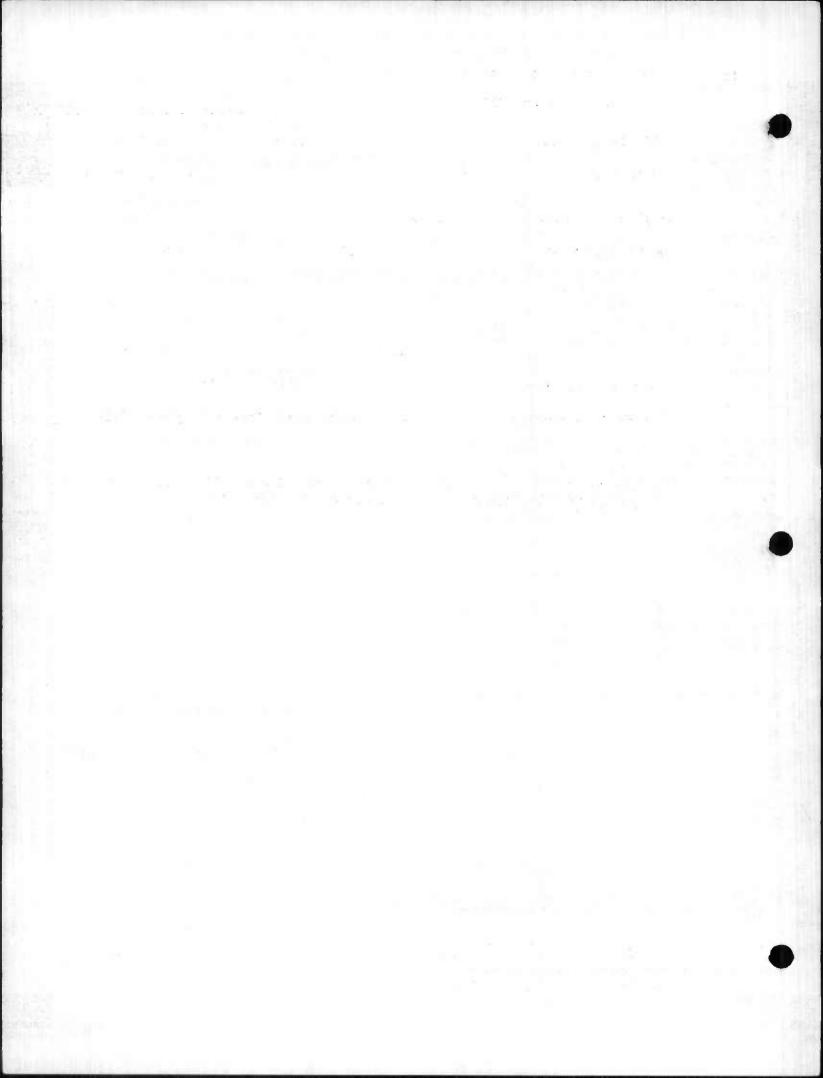
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31. Dete filed (Month, Day, Yeer)



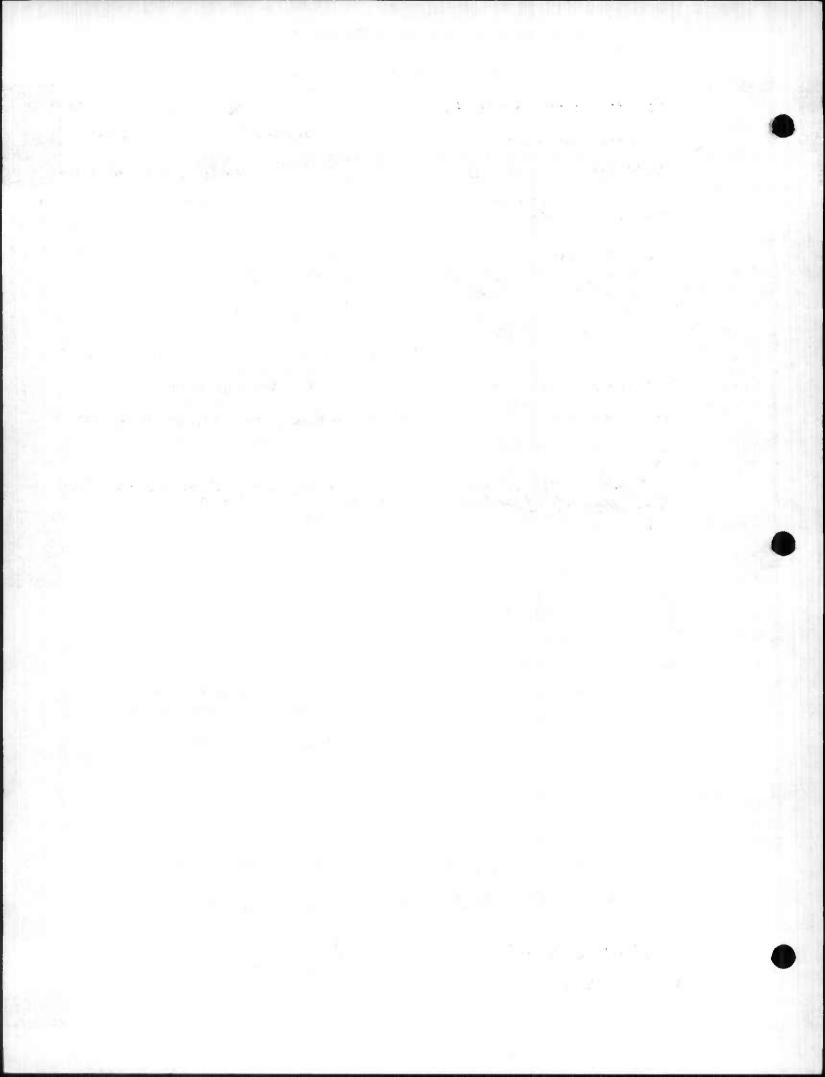
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Baltimore, M permit. Pages 1 and 2 Department of Health e important: it frem 27 if any injury or other tre once.		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ 4 ☑ Donation 5 □ Other (Spacify,		20b. Pla	aca of Dispos matary, cremi	Ition (Nama of atory or othar plac	De)	Data	20c. Location -	City or Tow	m, Stata	
Baltim permit. Pa Departmen Important: any Injury		21 Signatura Gruharai Service Licenseede Director State Anatomy Board, 655 W. Baltimore, Maryland 21201								imore	Street	
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		30. Name and eddrass of person who co	omplated causa of da	nath (Item	23e) (Type, P	nint)	()/		March	12,1	1) 8	
Sta Registr	_	31. Data filed (Month, Day, Year) MAR 3 1 1998	32 Sopetra	dianett Davids	st Mac	ell.						



State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Shirley Month Day **Physician** Mae RUSSEl 12:00 PM March 14, 1998 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Federick Frederick Frederick Memorial Hospital If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) April 6, 1938 6. Sax 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1 □ M 2 🔀 F Months Days Hours 219-34-5478 Yrs 59 Maryland Director Usual Rasidance of Decedant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits tiam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at Maryland Frederick 1 ☐ Yas 2 No Frederick Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 516 Wilson Place permit. Pages 1 and 2 should be filed within 72 hours efter death v
Department of Heelth and Mentel Hygiena.
Important: if item 27 is marked other than "natural", or itema 23a
any Injury or other traumatic event, the Medical Exercises. 21702 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 XWidowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grada complated) 18b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Customer Service Rep Life Insurance 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) William Eugene Grumbine Ruth Virginia Dudrow 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) David Gross/son 516 Wilson Place, Frederick, Maryland 21702 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☑Donation 5 ☐Othar (Specify) State Anatomy Board, 655 W. Baltimore Street 21. Signature of Funeral Service Licensee Kona Zd S. Wade Director Baltimore, Maryland 21201 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardled or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata tntarval Between Onsat and Death **Physician** tmmediata Causa (Final disaasa or condition rasulting in death) myo cordial inforction /Medical Examiner Dua to (or as a consequence of) Examiner physician and the buriel-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Cause (Disaasa or Injury that Inhilated evants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) for use as 980 ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 ☐ Nonknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deed hes 1 ☐ Yas 20 No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: eftar death. Director: After this certific funaral director, 25. Was casa refarrad to medical axaminar? Be 26. Place of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Time of 28c. tnjury at Work? 28d. Dascribe how injury occurred Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be datarminad 3 ☐ Suicida To the Hospital or Atte within 24 hours eftar de To the Funeral Directo completaly filled in by the 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 3-25-91 31051 Dr. Gene F. Ashe 30. Name and addrass of person who complated cause of death (Itam 23e) (Type, Print) Coppermine Rd. Woodsboro an 22. Registrar's Signature Pandage 31. Data filed (Month, Day, Year) State MAR 3 1 1998

Registrar **DHMH 16 Ray 6/95**



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March Annie В. Rhodes 4b. City, Town, or Location of Death 4c. County of Deeth 4e Facility Neme (If not Institution, give street and number) Anne Arundel Millennuim Nursing Home M/A If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) Deys Hours 1 M 2 F Yrs. Aug. 9, 1907 219-64-8235 Georgia Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 No Maryland Anne Arundel Pasadena 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 332 Beach Road 21122 U.S.A. 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marltel Stetus 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Nidowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 11 0 Homemaker Own Home 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) P. Campbell Lewis 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 332 Beach Road Pasadena, Maryland 21122 Cecil R. Rhodes (Son) 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 3/30/98 Glen Burnie, Maryland Glen Haven Mem. Park 21. Signature of Funeral Service Licenses 22. Neme and Address of Fecility McCully-Polyniak Funeral Home 23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Approximate Intervel Between Onset end Death CARCINOMA immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest 23b. Did tobacco use contributs to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. SE Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24e. Wes en europsy performed? completion of cause of death? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how Injury occurred 27. Menner of De 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, streef, fectory, offica building, etc. (Specify) 4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29d. Date signed (Month, Dey, Year) March 29, 199

GHWAY, BALTIMORE

Examiner Division of Vital Records, certificate has 24 hours after death.

Physician

/Medical

Examiner

Funeral

Director

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Physician

/Medicai Examiner

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Physician/Medical ρ Completed Be Tof Certification:

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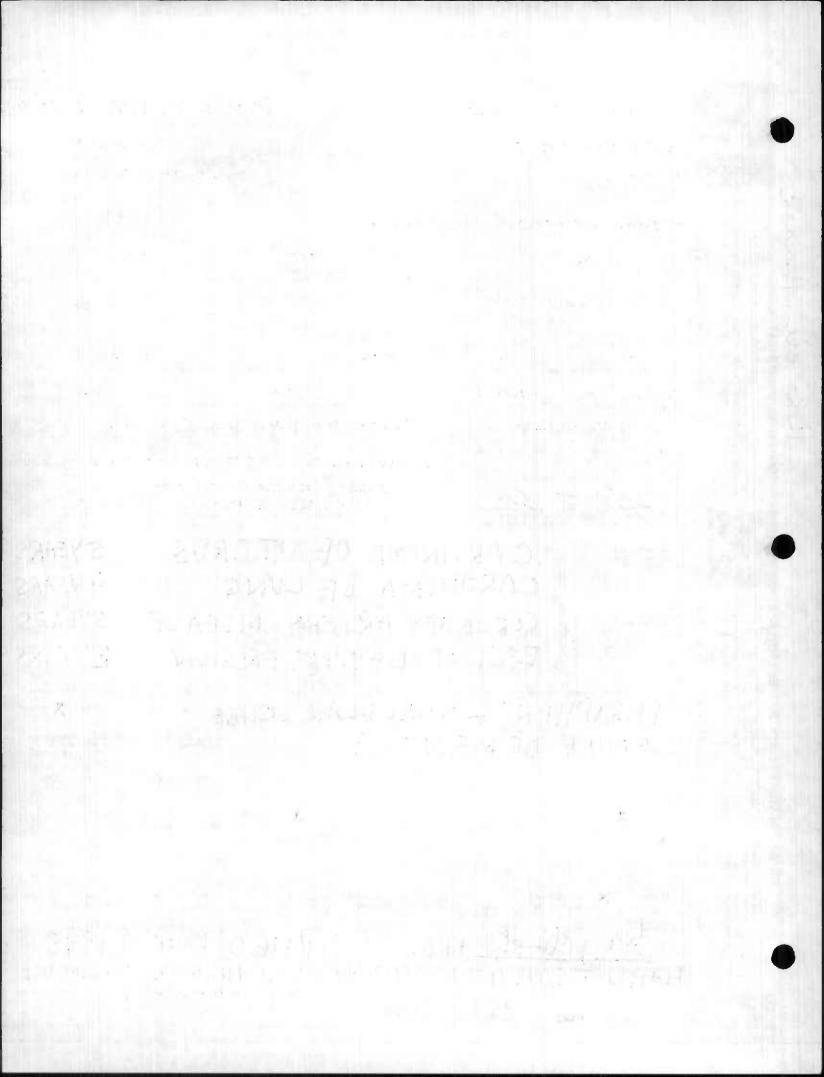
29a. Certifie (Check only one)

31. Date filed (Month, Dey, Yeer)

32. Registrer's Signeture

fulle Davidson-Randalle

Registrar DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Day Year FLLEN RAND 2030 MAR 1991 25 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Hougho County (oLmbia) HowARD m Brypens 130spital If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 81 Yrs. 5. Social Security Number Birthplece (State or Foreign Country) 1□M 2X F 021-10-2408 July 4, 1916 Massachusetts Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Howard Woodstock 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1670 Woodstock Road 21163 USA 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-iff Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritei Stetus 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 Yes X No 1 ☐ Yes 2 No Specify: Widowed 4 □ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) US Government Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) William Crabtree Ellen May Cosgrove 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Cynthia S. Rand/daughter 1670 Woodstock Rd. Woodstock, MD 21163 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 03/27/98 Baltimore, MD 21. Signature of Juneral Service Lice 22. Name end Address of Fecility Cremation Society of Maryland, Inc. Fdward A. Greechek 299 Frederick Rd. Baltimore 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. 299 Frederick Rd. Baltimore, MD 21228 Approximate Interval Between Onset and Death Immediete Cause (Final disease or condition resulting In death) DEMENTIN - ALZHEIMEN TYPE MEMIN Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown PENPHIGGIB 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1□ Yes 2☑No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 2 Accident investigation 1 Yes 2 No

Examiner Box 68760 Hospital or Attending Physician: The law requires that the deeth certification Records, P.O.

certificate

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After

Division of Vital

Completed by funeral

Physician

/Medical

Examiner

MD

Director

Funeral

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Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

filed within 72 hours efter. Hygiene. other than "natural", or ite

permit. Pages 1 and 2 should be filt. Depertment of Health end Mental Hy Important: If Item 27 is marked oth any Injury or other traumatic eventons.

Physician

/Medical

Baltimore, Maryland 21215-0020

Certification: To s effer deau.

Medicai 29a. Certifier

To the Hospital or within 24 hours eft To the Funeral DI completely filled in

31. Date filed (Month, Dey, Year)
MAR 3 1 1998 State Registrar

3 ☐ Suicide

4 Homicide

(Check only one)

Physician/Medical Examiner

29b. Signature end title of certifier

6 ☐ Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number 2 (210

1 Critifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner es stated.
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. 29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

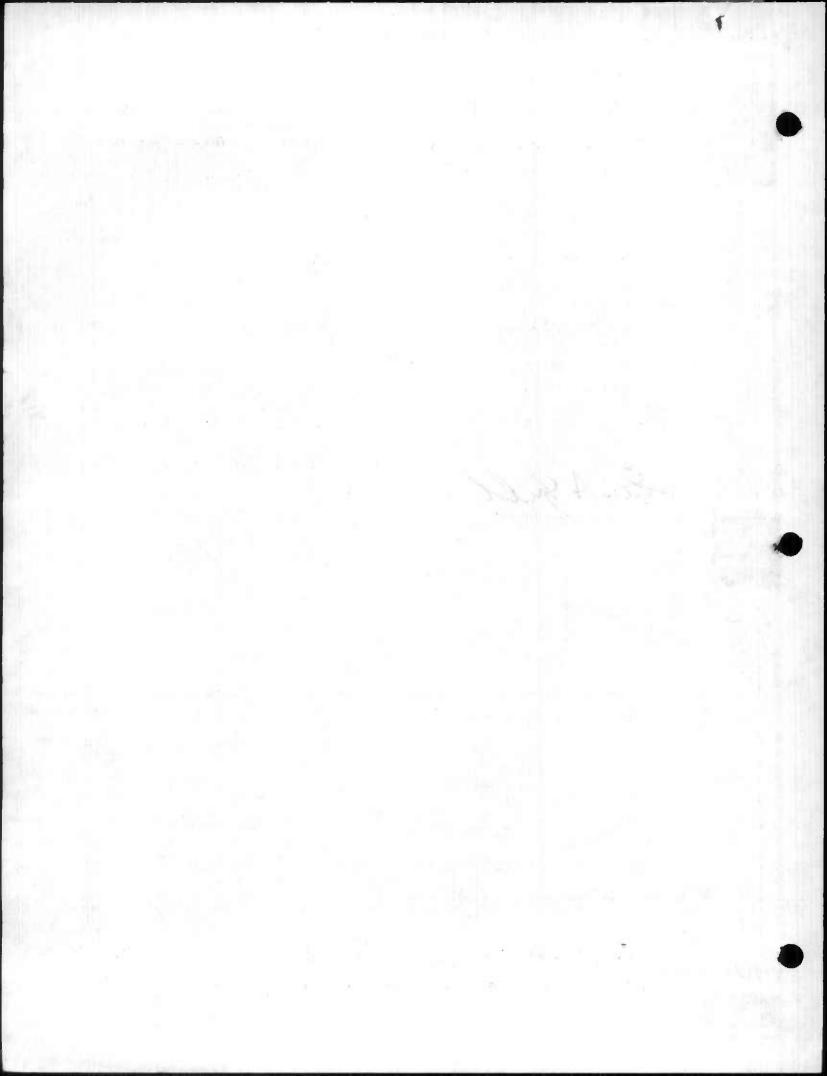
MAn 26, 1988

homy Lours.

30. Name en address of berson who completed cause of death (Item 23e) (Type, Print)

JERRY JEGLI ELLIUOTO

32 Flugistrar's Signature Andelle



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 11:30AM CATHERINE EVELYN RUPPERSBERGER MARCH /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Union Memorial Hospital Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. 8. Date of Birth
(Month, Day, Yeer 5. Sociel Securify Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 2♥F Yrs 214-14-4179 82 Director April 11, 1915 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, it a Modical Examper must be notified at 10d. Inside City Limits 1√2 Yes 2 □ No Director Maryland N/A Baltimore 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 5517 Roland Avenue 21210 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after or nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Ite 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 years Executive Secretary Insurance 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Gustav Henry Ruppersberger Evelyn 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: if item 27 is eny injury or other treu once. Robert Anderson, Jr. (nephew) 5517 Roland Avenue Baltimore, Maryland 21210 20b. Pleca of Disposition (Neme of cametery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3-30-98 Pikesville, Maryland Druid Ridge Cemetery 21. Signeture of Funerel Servica Licenses Mitchell-Wiedefeld Home, Inc. 23a. Pent1. Enter the dise is, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. 6500 York Road Baltimore, Maryland 21212 Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) PNEUMONIA /Medical **Examiner** Due to (or es e consequence of): Examine lostridium difficile Colitis Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ypertension þ hronic Obstructive Pulmonary Disease 24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed Anemia 1 ☐ Yes 2 € No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after death.

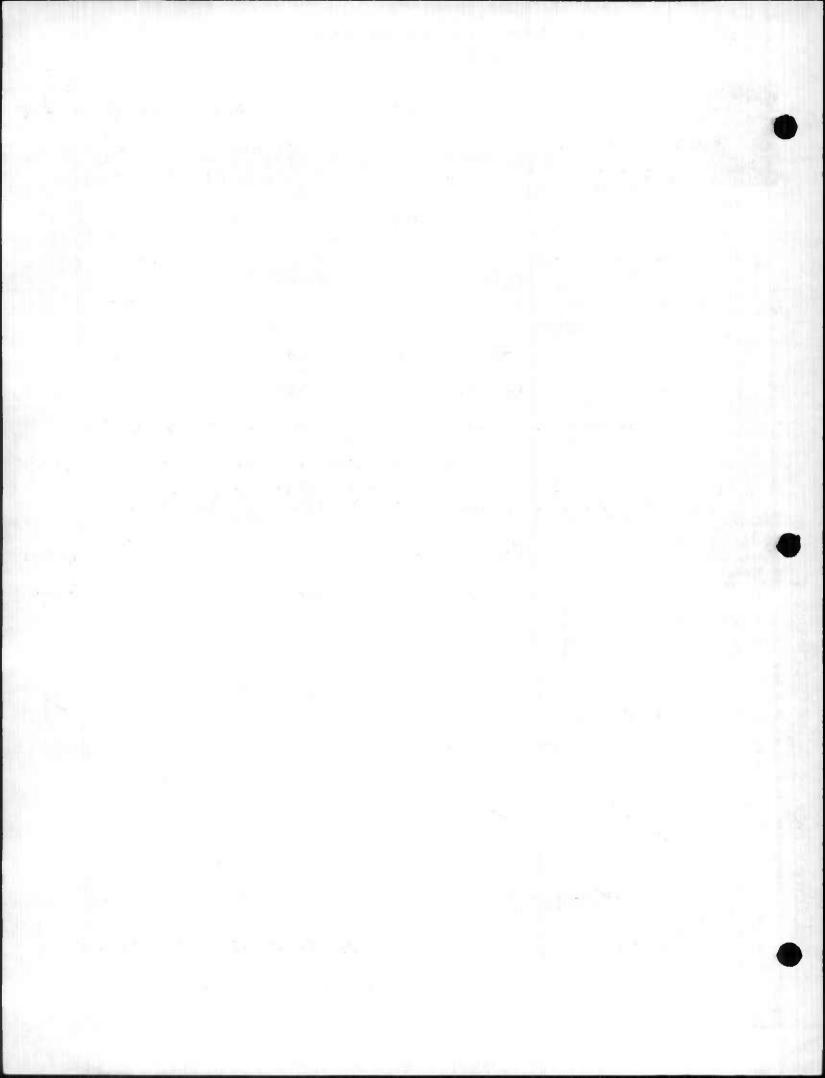
To the Funeral Director: After this certific completely filled in by the funeral director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 27 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Medical Certification: To 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29e. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) AT 2438946 March 26, 1998 MD. 30. Neme end eddress of purson why completed cause of deeth (Item 23a) (Type, Print) 20 East University Parkway, Baltimore, 14D 21218 32. Registre & Signatura

Funa Davidson-Randoll 31. Dete filed (Month, Day, Yeer) State MAR 31 Registrar

Ruppers berger

atherine



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 Certificate of Death 2. Data of Death 3. Tima of Death 1. Decedent's Nama (First, Middla, Last) Day Month **Physician** 29 1998 6:30 am Louis March /Medical Rao 4b. City, Town, or Location of Death 4e Fecility Name (If not institution, give street and number) 4c. County of Death Examiner 13325 11th Street Bowie If Under 24 Hrs. Prince Georges If Undar 1 Yaar 5. Social Security Number 6. Sex ★ M 2 F 7. Aga (In vrs. last birthday) 8. Deta of Birth (Month, Day, Yaar) 9. Birthplaca (Stata or Foraign Months Deys Hours Min. Yrs. 216-60-2980 August 28,1921 India Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 🏋 No Directo MD Prince Georges Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13325 11th Street 20715 Funeral USA 14. Race - Amarican Indian. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Yaar or Detas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married Asian 1 Type 2 No Specify: ρ 3 □ Widowed 4 □ Divorced Indian Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) Classifications Officer DC Government 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Name (First, Middle, Last) Be Prakasan Mathi Shanthamma Padavala 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Lester Rao - Son 13325 11th Street, Bowie, Maryland 20715 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Buriel 2 Crametion 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory 03/31 Baltimore, Maryland 22. Name end Addrass of Facility 21. Signature of Funeral Service Licansaa Hardesty Funeral House, 1..... 12 Ridgely Avenue, Annapolis, MD 21401 tha mode of dying, Such as cardiac or raspiratory affect, Interval Between Onsat and Death Hardesty Funeral Home, P.A. Part1. Enter tha diseese, or complications that causad tha death. Do not antar shock, or heart failure. List only one cause on each lina. Immedieta Causa (Final disaasa or condition resulting in daath) 5 spara Examine arteres Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disaase or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Due to (or as e consequence of): 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Canels þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy parformed? Completed 1 ☐ Yas 2 K No 1 Yas 22 No Be 25. Was casa rafarrad to madical axaminar? 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 ■ Residence 6 Othar (Specify) 10 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accidant

P.O. Box 68760 987 signed by the a Records, is certificate has t director, page 2 s Division of Vital Physician: this funeral After or Attending after death.

Director: After din by the fur 24 hours after Funeral Dire-letely filled in b Hospital

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any houry or other traumatic event, the Mod sale is a refer must be notified at posse.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Invastigation 6 Could not be determined

30 Name and address of person who complated cause of death (Itam 23a) (Type Print)

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

29a. Certifier (Check only one)

3 ☐ Suicide

4 Homicide

Cartifying Phyatotan: To the best of my knowledga, daath occurred at the time, date and place, and dua to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signatura and titla of pertifiar

29c. License number

29d. Data signad (Month, Day, Year)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

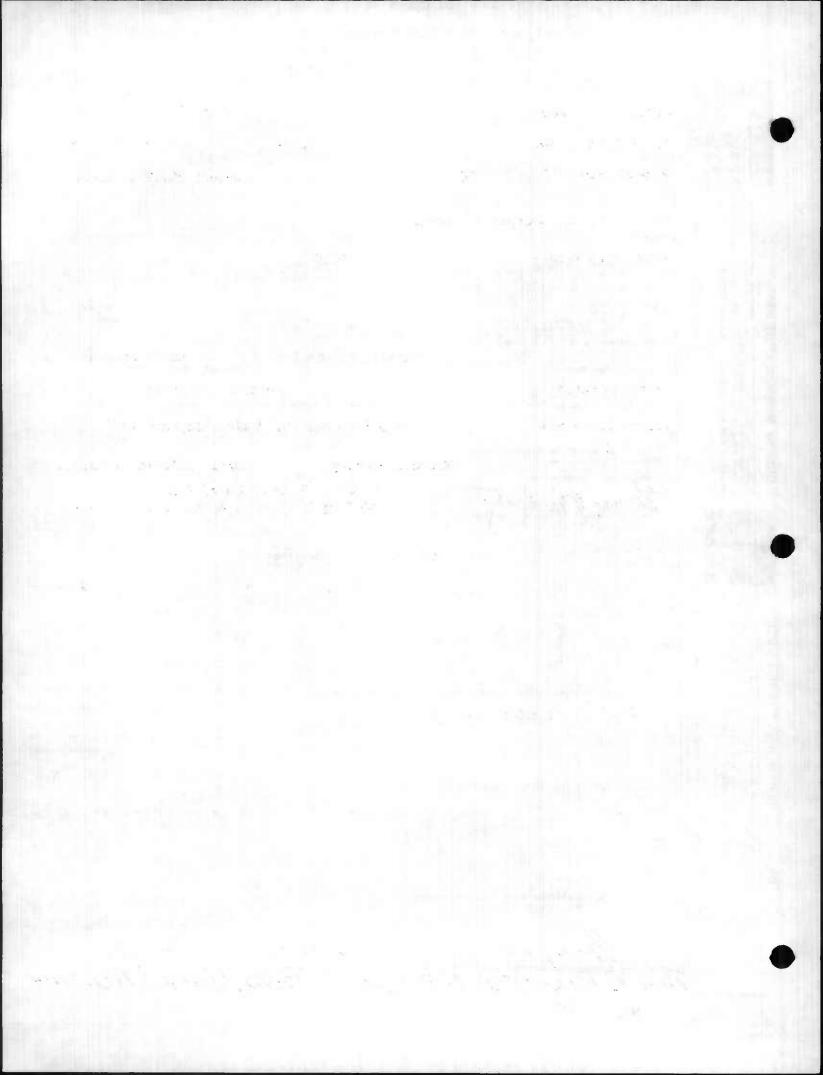
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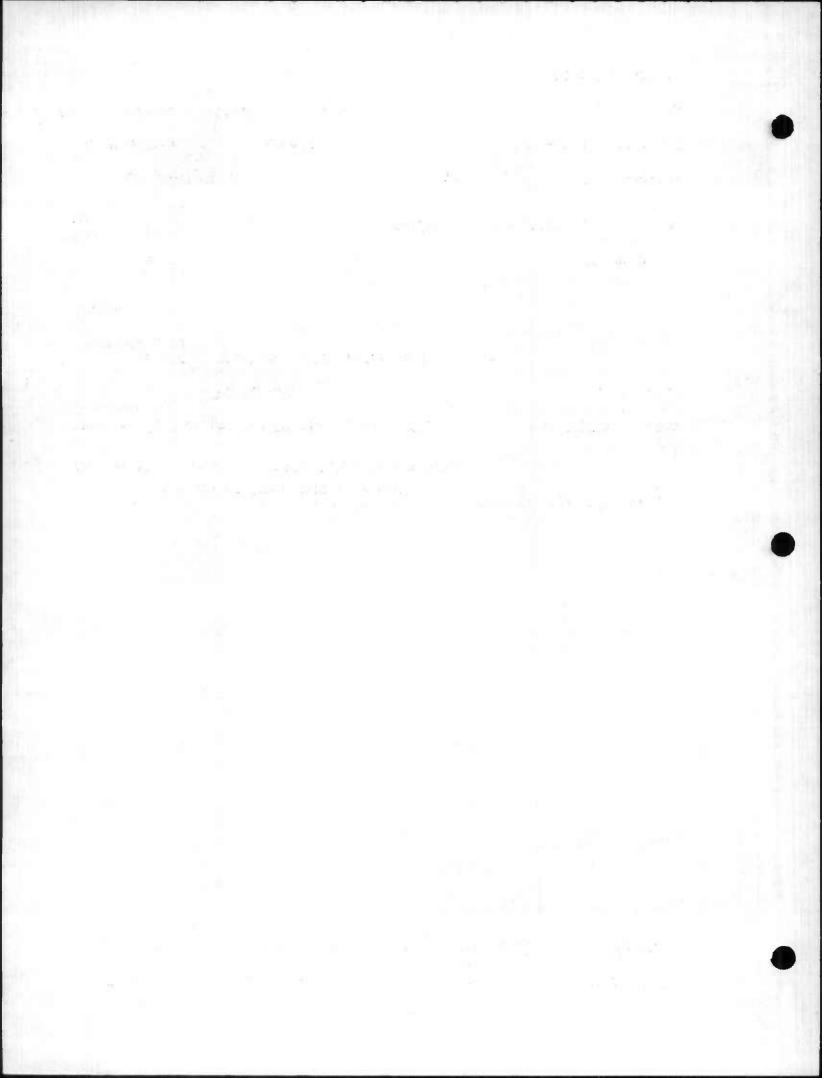
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	To the Hospital or Attending Phywitin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	5	20h Signature and title of	Singsture and title of partition						se number 29d. Date signe		d (Month, Da	y, Year)		
	F > F 0		30. Name and address of person who completed cause of death (item 23a) (Type, Print) C-V. CYRIAC. MD 8109 RITCHIE 18W7, PASA						4	3.25	98				
	6		30. Name and address of p	person who co	ompleted cause of	of death (item	23a) (Type, F	Print) BW	T, PASH	DENA	MOL	1122			
F	Sta Registra	te	31. Date filed (Month, Day MAR 3 1			aver's Signate			,						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Day 8:30 A.M. March 26, 1998 George William Reber, Sr. 4b. City. Town, or Location of Death 4c. County of Death 4a Fecility Name (If not institution, give street and number) 124 Round Up Road Middle River Baltimore County If Under 1 Year | If Under 24 Hrs. Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Deys Hours 1□ MM 2□ F 214-20-8956 Yrs. 13, 1926 Maryland April Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 Yes 2 No Maryland Baltimore County Middle River 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21220 U.S.A. 124 Round Up Road Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 12. Was Decedent Ever In U.S. Armed Forces? 11. Marital Status 1 XYes 2 No If Yes, Give Year or Dates Unknown 1 Never Married 2 X Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Carpenters Union 6th Grade Carpenter 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Lest) Altha Eugenia Brophy George Binder Reber 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 124 Round Up Road, Baltimore, Maryland 21220 Margaret Ruth Reber/Wife 20b. Place of Disposition (Name of cametery, crematory or other place) 3/30/98 Date 20a. Method of Disposition 20c. Location - City or Town, State ₩ Burial 2 Cremation 3 Removel from State Meadowridge Memorial Park Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility John C. Miller, Inc. n the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, at failure. List only one cause on each line. 6415 Belair Road, Baltimore, Maryland Approximete interval Between Onset and Death Immediate Cause (Finel disease or condition resulting In death) A- Dar (MAS) Due to (d as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or as a consequence of) that initiated events resulting in death) Last Due to (or es a consequence of) 23h. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 1 Yas 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 25. Wes case referred to medical 26. Plece of Death (Check only one)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

32. Registrer's highardre. Nand

3 DOA

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) and pagner stated.

28c. Injury at Work?

29c. License number

1 Yes 2 No

7672 Belin 10 21236

Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify)

Injury at 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

Physician /Medical Examiner

permit. Pages 1 and 2 should be Department of Heelth and Mental Important: If them 27 is merked of

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or hame 23s or 28s-f show the Medical Examiner must be notified at

72 hours after

Baltimore, Maryland 21215-0020

Directo

Funeral

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Completed

peen page 2 Physician/Medical Examiner

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Completed

Be

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Certification:

edical

1 Yes 2 No

5 Pending Investigation

6 Could not be

DEONSE

MAR 3 1 1998

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

cwemb

27. Manner of Deeth

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of partifier

31. Date filed (Month, Dey, Year,

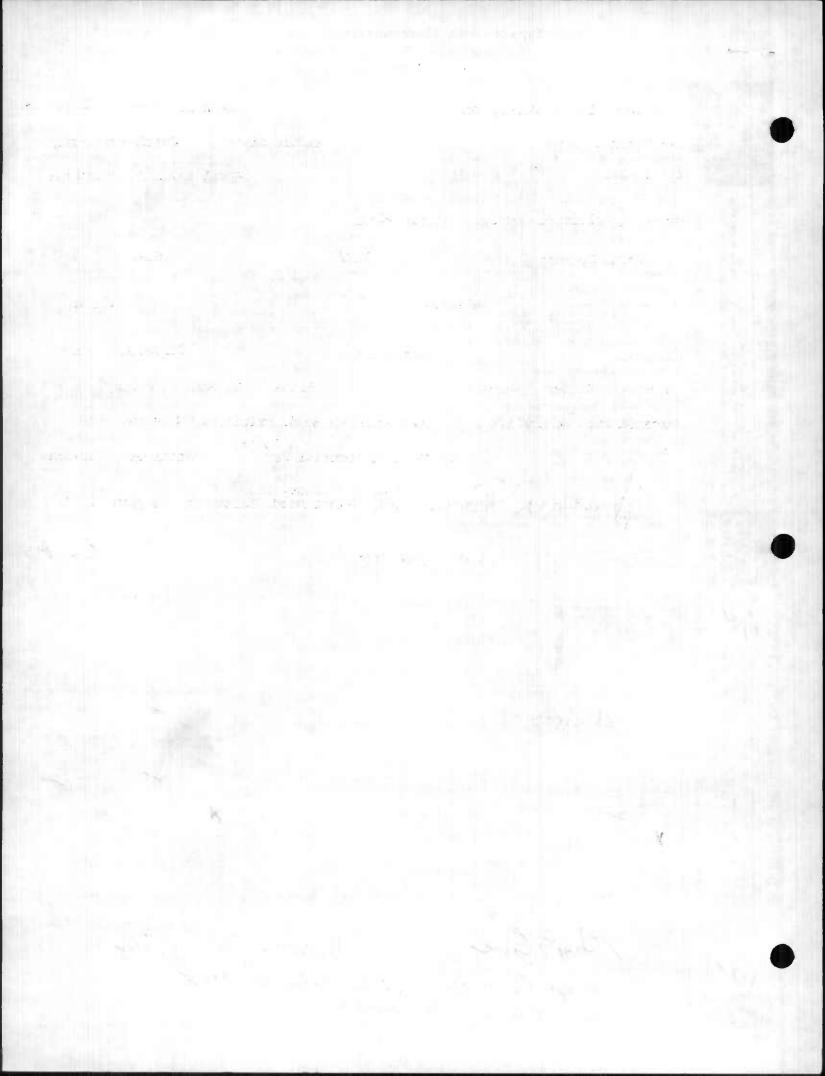
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The law requires that the death certificate par After this certificate has Physician: arai Director: After this септо filled in by the funeral director, Hospital or Attending death. after within 24 hours of To the Funeral I

Division of Vital Records, P.O. Box 68760,

State

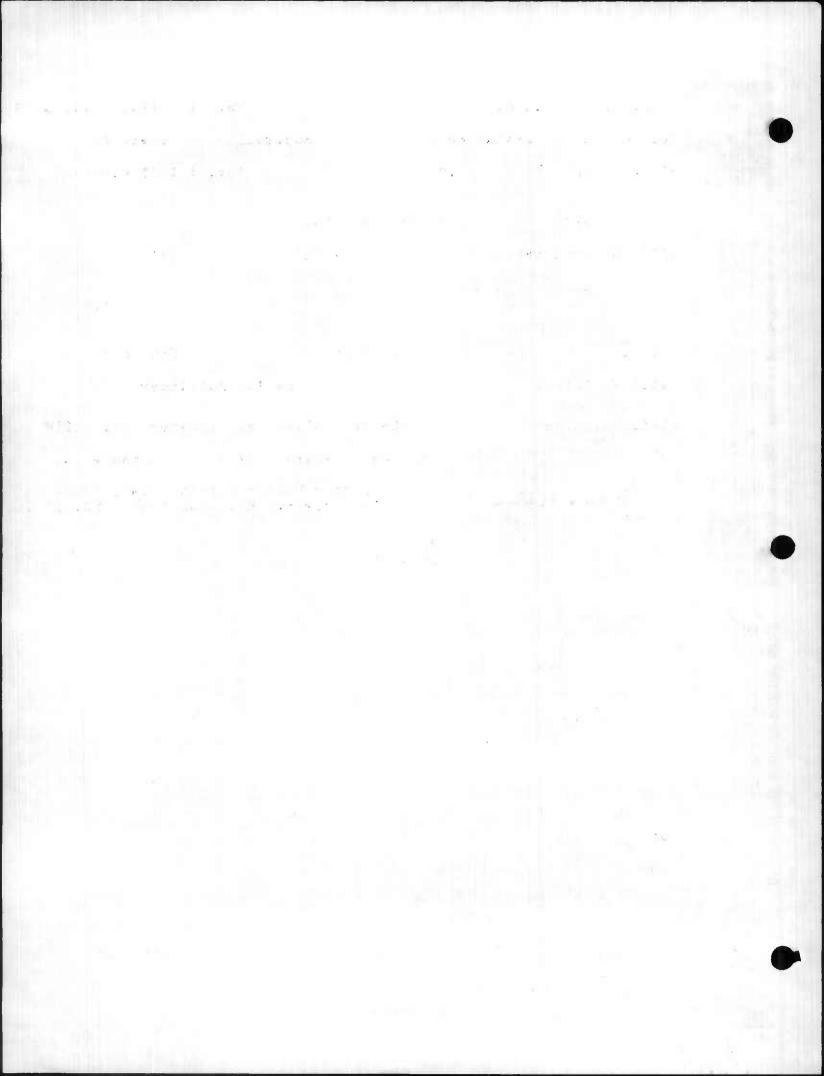
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Bal	permit. Peges 1 en Department of Heal Important: If item 2 any injury or other DDGs.	21. Signature of Funeral ServicerLicens			Name and Addre Hartle	. M. 11 -	r Fune:	ral Hom	e, CHTD.
		23a. Partt. Enter the disease, or compleshock, or heart tailure. List only or	nations that caused the deat	h Do not enter	7.5.2.7 H	arford	Rd. B	altimor	e, Md. 21234
	Physician	shock, or heart tailure. List only or	ne cause on each line.	· · · · · · · · · · · · · · · · · · ·	ino mode or dy	, , , , , , , , , , , , , , , , , , ,			Interval Between Onset and Death
	/Medical	Immediate Cause (Final disease or condition		Domet	4				2455
	Examiner	resulting In death)	Due to (c	or as a consequ	ence of):		-		
-	2 = g								
ci/	And And Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying	Due to (c	or as a consequ	ence of):				
6876	physician strategy of the physician of t	Ceuse (Disease or Injury that Initiated events rasulting In death) Last	Due to (o	r as a conseque	ence of):				
	= 00		1						
Вох	net the death certified by the ettending letached for use eletached for Nese Physician/Mi								
P.O.	the day the ached	Part II. Other significant conditions cor	tributing to death but not res	ulting in the und	lerlying causa gi	van in Part I.		tobacco use cor Yes 2□ No	atributa to the cause of death? 3 Probably 4 Unknown
	as thet igned be deta	(, OLD)					1,7	108 20 100	OBTODEDA 4 BONKHOWN
of Vital Records,	been s should						24a. Was	an autopsy ormed?	24b. Were autopsy findings eveileble prior to completion of cause of death?
Re	The law ate has b paga 2 s						10	Yes 2 No	1 Yes 2 No
ta	certificate rector, pag					26. Place of Dec			
>	Physician: this certific and director,		lospital: 1 Inpatient 2	ER/Outpatient	3 DOA Ot			dence 8 DOthe	er (Specify)
L C	ding Ph h. After th funeral	27. Manner of Death 1. Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	ry at ork?]Yes 2 □ No	28d. Describe	how injury occurr	ed
Division	To the Hospital or Attanding Physician: The I within 24 hours after deeth. To the Funeral Director: After this certificate his completely filled in by the funeral director, paga Medical Certification: To Be Com	2 Accident Investigation 3 Suicida 6 Could not be determined	28a. Place of Injury - At h building, etc. (Specif	ome, farm, stre				(Street and Numb wn, Stata)	er or Rural Route Number,
Ω	pltef o		alcian: To the best of my kno	wiedes death	occurred at the ti	me date and place	and due to the	cause(s) and ma	nner es stated
	n 24 hour n 24 hour he Funer pletely fill edical	(Check only one)	nar: On the basis of examine and manner steted.						
	Within To the compl	29b. Signature and title of certifier	~ .		29c. Licens	sa number		29d. Date signed	d (Month, Day, Year)
	7	1 Dan ().	Mouse	~ Mr	D.	3213C		3-27	- 98
	5	30. Name and address of person who co		n 23a) (Type, P					
		Gary. J. Lo	20 2108	Por	dro D	rive cl	ester 1	mo 2	-1619
	State Registrar	31. Date filed (Month, Day, Yeer)	32 Registrar's Signe	-Rande	se.				

DHMH 16 Rev 6/95



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				State of Maryla			of Health of Deat			giene 9 8	09	1934
	Physic /Medi		Decedent's Nema (First, Middla, Last,	Raymond Jol	nn Seri	0			2. Dete of Dee Month	Dey 27	98	3. Time of Death
	Exami	ner	4e. Facility Name (If not institution, give	of Maryland	1 Medi	dre	Balt	more	cation of Deeth		of Deeth	
,	Funeral Director		5. Sociel Security Number 6. Set 15 12 18 14 0269 15 Usuel Residence of Decedent	7. Ade (In yrs	s. lest birthday) Yrs.	If Under Months	1 Yaar If Und Deys Hour	dar 24 Hrs.	8. Data of Birt (Month, De) June 12	, Yeer) 1922	9. Birthplace Country Mary	e (Stete or Foreign /land
Maryland	8a-f show	Director	10e. State 10b. County Maryland N/A		altimor	e					10d	Insida City Limits 1 ☑ Yes 2 ☐ No
with	3a or 2	ol Dire	10e. Street end Number 611 S. Charles St	creet		10f. Zip (Code 21230			10g. Citizan of V U•S		?
.0020 hours efter death with the Maryland	Examination 23a or 28a-f show	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates:		Was Decede If Yes, speci	ent of Hispanic fy Cuben, Mexic		olfy Yes or No- Ricen, etc.)	14. Rec Blac Specify	e - Americen ck, White, etc),
21215	r than "na The Mazic	Completed	15. Decedent's Edu (Specify only highast grade Elementary/Secondery (0-12) 5th		(Give	kind of work DO NOT use	Occupetion k done during me retired)		g	16b. Kind of Bu		
Maryland 2	d o	To Be C	17. Fether's Nema (First, Middle, Last) Ar	thony S. Ser	io		18. Mo		(First, Middle,	Maiden Sumam bst	Θ)	
, Mar	h end ris m		19a. Informent's Neme/Ratationship (Ty Mary P. Serio /	pe, Print) wife			(Street and Num Street			or, City or Town,		
altimore,	of He		20a. Method of Disposition 1 By Burial 2 □ Crametion 3 □ R	20b. emovel from Stata	Plece of Dispo cemetery, cren	sition (Nam natory or oti	e of her plece)		Dete /31/98	20c. Location -	City or Town	, Stete
Baltin			4 □ Donetion 5 □ Other (Specify) 21. Signeture of Euneral Service Licens		22	. Name and	Cemete	cility	Sonce F	uneral	Home F	
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1	hysician Medical xaminer	16	shock, or haert failure. List only or Immediate Cause (Final disease or condition rasulting in death)	Cat die	Ollas e conseg	mon	Rry	ari	est		i In	hall
8760, sete be executed	ohysician end the buriel-transit	dical Examiner	Sequentially tist conditions, if any, leeding to immediate ceusa. Enter Underlying Cause (Diseasa or Injury thet initiated events	Hestor	or es e conseq		Noor)	a				lears
. Box 68	nding i		rasulting in deeth) Lest	Mond	orles e conseq	force of):	al bi	671	latio	n		7)/
D. Det the	ed by the detached	/ Physician/Me	Pert II. Other significant conditions con	tributing to daath but not re	sulting In the ur	ndarlying ca	usa givan In Pe	ort I.	23b. Dld t			e causa of death?
Hecords,	s been sign 2 should be	Completed by							24a. Wes	en eutopsy med?	eveila	eutopsy findings ibla prior to lation of cause eth?
= =	page page								1□ Y	es 21 No	1 🗆 Y	'es 2□ No
Of Vital	this certificete al director, pag	To Be	25. Was cesa referred to medical exeminer? 1 Yes Yes Ho	lospital: 1 Inpetient 2	BR/Outpatien	t 3□ DO/	Other		(Check only only only only only only only only	na) ence 6 ⊡Oth	er (Specify)	
	After fune		27. Mannar of Daeth 1	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	M 28	oc. tnjury at Work? 1 \square Yes 2	2		ow injury occurr		
5	office in by	Certification:	3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Homicide datermined	28a. Place of Injury - At I building, etc. (Spec	nome, farm, straify)	eet, fectory,	office	2	8f. Location (S City or Tow	treet and Numb n, Steta)	er or Rurel R	oute Number,
Rospital	within 24 hours To the Funeral I completely filled	edicai	29a. Cartifiar (Check only one) Certifying Physical Examination (Check only one)	Iclan: To the best of my kner: On the basis of examinend menner stated.	owledga, daath ation and/or inv	occurrad e restigation, l	t the time, dete In my opinion, d	end plece, e leeth occurre	nd dua to tha d d at the time, d	ausa(s) and ma lete end plece,	nnar as state and due to th	ed. e ceuse(s)
To the	within 2 To the I	Me	29b. Signature and title of certifier	V. 48	7	29c.	License numbe	er/T		29d. Date signed	Month De	y Year)
			fermy	quenty	W	1	3148	58	A	3/2	8/10	
			30. Name and address of person who of	mpleted cause of death fits	79 (Type,	5. Pa	ua 51	t, Bo	UAM	ote, n	如了	31201
	Sta Registr		31. Dete filed (Month, Day, Yeer) MAD 3 1 1000	32. Hagistrer's Sign	non-Rand	200_		/				

and the second second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last 2. Date of Death 3. Time of Death Month 18608 746 AM 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deet emori 1100 rmor 5. Social Security Number 219-28-498 Usual Residence of Decedent 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign (Country) Days Hours 1□ M 2 💢 F 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Yes 2 No 10e. Street and Number 10g. Citizen of Whet Country? 2 IOKE 12. Was Decadent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced **Hmerican** Hrican 15. Decedent's Education (Specify only highest grede completed) 16a. Decadent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. QO NOT use retired) College (1-4or 5+) Elementary/Secondery (0-12) 10 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) enc (Daughter) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) E. Belvedere 2063 E. Bel 20b. Place of Disposition (Name of competery, cremetory or other place) Md. 21239 U 20c. Location - City or Town, State 20e. Method of Disposition Date 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 410n 21. Signalate of Funeral Service Lidensee 22. Name and Address of Facility JOSEPH L. + zeph ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final weks sustem disease or condition resulting in death) 204050U7 Due to (or es e consequence of): 2 weeks PSIJ Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy 1 Yes 2 No

Physician /Medicai Examiner

of Health

permit. Pege Department of Important: If any Injury or

other I

0

Physician

/Medical

Examiner

10a. State

66

Funeral

Director

must be notified at

7 is marked other than "natural", or items: traumatic event, tre Medical Experience

Director

Funeral

by

Completed

Be

Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland nent of Health end Mentel Hygiene.

Baltimore, Maryland 21215-0020

physician and the burial-transit After this certificate hes been signed by the a funeral director, page 2 should be detached to

lary Annette Smith

Examiner Physician/Medical þ Be 2 Certification: To the Hospital or Attendition within 24 hours after deeth.

To the Funeral Director: A completely filled in by the fu

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Yes 2 ☐ No

25. Was case referred to medicel example? 1 Yes 2 No 27. Manner of Deeth 1 Natural

> 2 Accident 3 Suicide

1 Inpatient 2 ER/Outpatient 3 DOA Dete of injury (Month, Dey Year) 5 Pending Investigation

28b. Time of

28c. Injury et Work? 1 Yes 28d. Describe how injury occurred

6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Bultimore

29b. Signeture and title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

Droce 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

PXwu

March 26, DR ANthony DORSEY are, MD

AZOH 00 Union mem

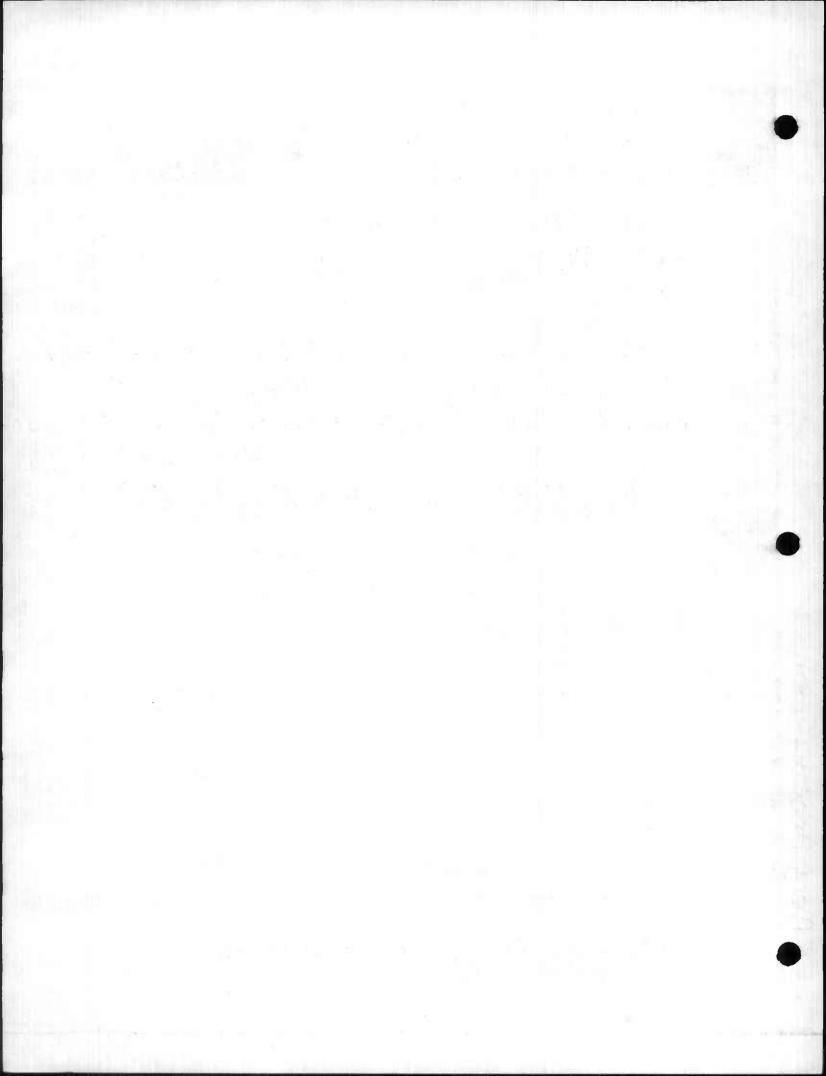
E. University

31. Date filed (Month, Day, Year) State Registrar

Medical

MAR 31 1998

32. Pogistrar's Signature wie Davidson-Randell



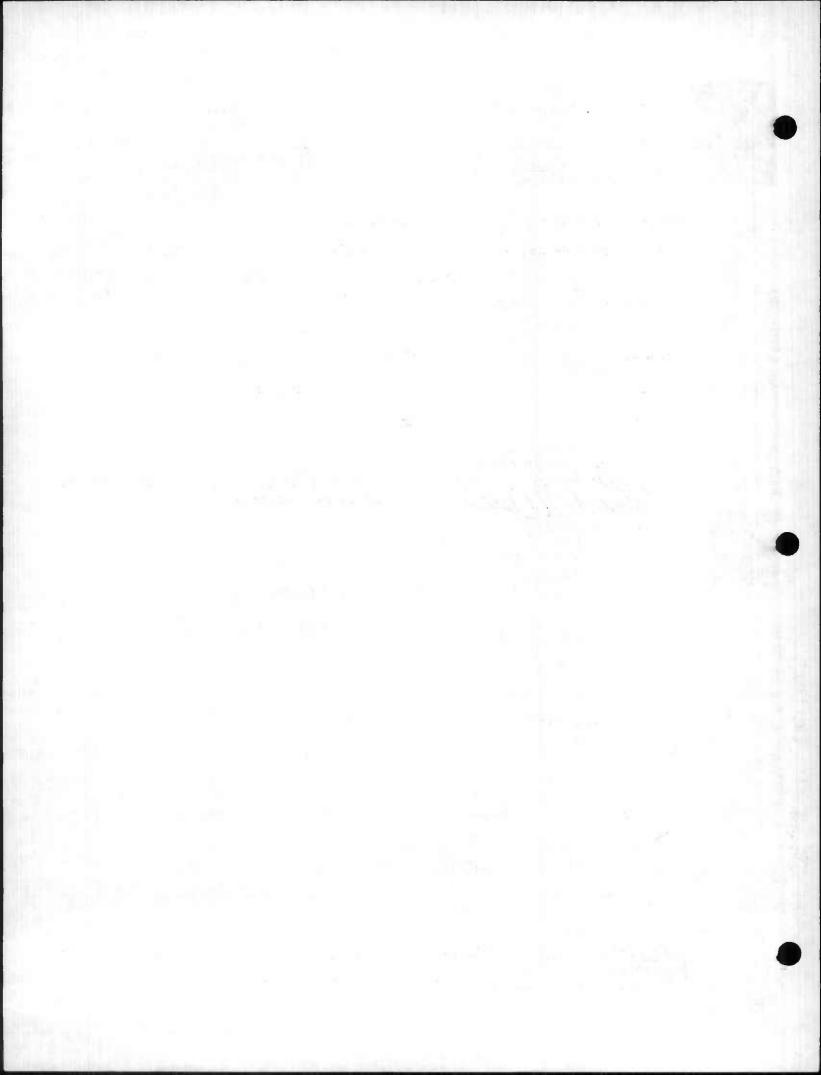
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State of Maryland / Department of Health and Mental Hygiene | | Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 12.45 Joseph F. Seifert MAR /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ST AGNES HOSP. Boltimore Baltimore City If Under 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 15XM 2□ F Yrs 217-14-2367 Director 75 27, 1922 unknown Oct. Usual Rasidance of Dacedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inalda City Limita 7 is marked other than "natural", or Nema 23a or 28a-f show traumatic event, the Mexical Examiner mail to notified all 1 Yes 2 No Maryland Baltimore Director Baltimore County 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 315 Ingleside Avenue 21228 U.S.A. Funeral 12. Wes Decedant Evar In U.S.
Armed Forcas? unknown
1 || Yas 2 || No
If Yas, Giva
Yaer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. If them 27 is marked other than "natural", or the any injury or other traumatic event. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 Yes X No Specify: þ 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Induatry Elementery/Secondary (0-12) Collega (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middle, Meiden Sumema) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) unknown unknown 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 □Othar (Specify) in state 21. Signatura Roma Id S. Wade, Director ²²State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Part Lenter tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximeta intarvel Batw **Physician** Immedieta Causa (Final diseasa or condition rasulting In daath) /Medical Aspination 20 min Examiner Dua to (or as a consequence of): Examiner Preumonia Hspiration the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Ceusa (Disaasa or Injury that initiatad avents resulting in daath) Last and /Gastrite aspphageal Reflux disease attending physician 9astrib's Physician/Medical Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown myscardiel inharchion, Atrial Fibriato Completed by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Coronary artery disease, Schizaphrenia 1 Yas 1 ☐ Yas 2 ☐ No Be 25. Was casa rafarrad to madical axaminar? 26. Placa of Daeth (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 2 this 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Mannar of Death 28b. Time of 28c. Injury at Work? Medical Certification: within 24 hours after death. To the Funeral Director: After 1 Natural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) Placa of Injury - At homa, farm, atraef, factory, offica building, atc. (Specify) 4 Homicida 29a. Cartifian 15-Cartifying Physician: To tha bast of my knowladga, daath occurred at fha tima, data and placa, and dua to tha causa(s) and mannar as afeted. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) end manner stated. (Check only one) 29b. Signatura and titla of certifian 29c. Licansa numbar 29d. Dete signed (Month, Day, Year) Mour Bernan 30. Name and addrass of person who completed cause of deeth (Item 23e) (Type, Print) St Agnes Inthony Bernard Mickelson

932 Registrar's Signeture

State Registrar 31. Data filad (Month, day, Year)

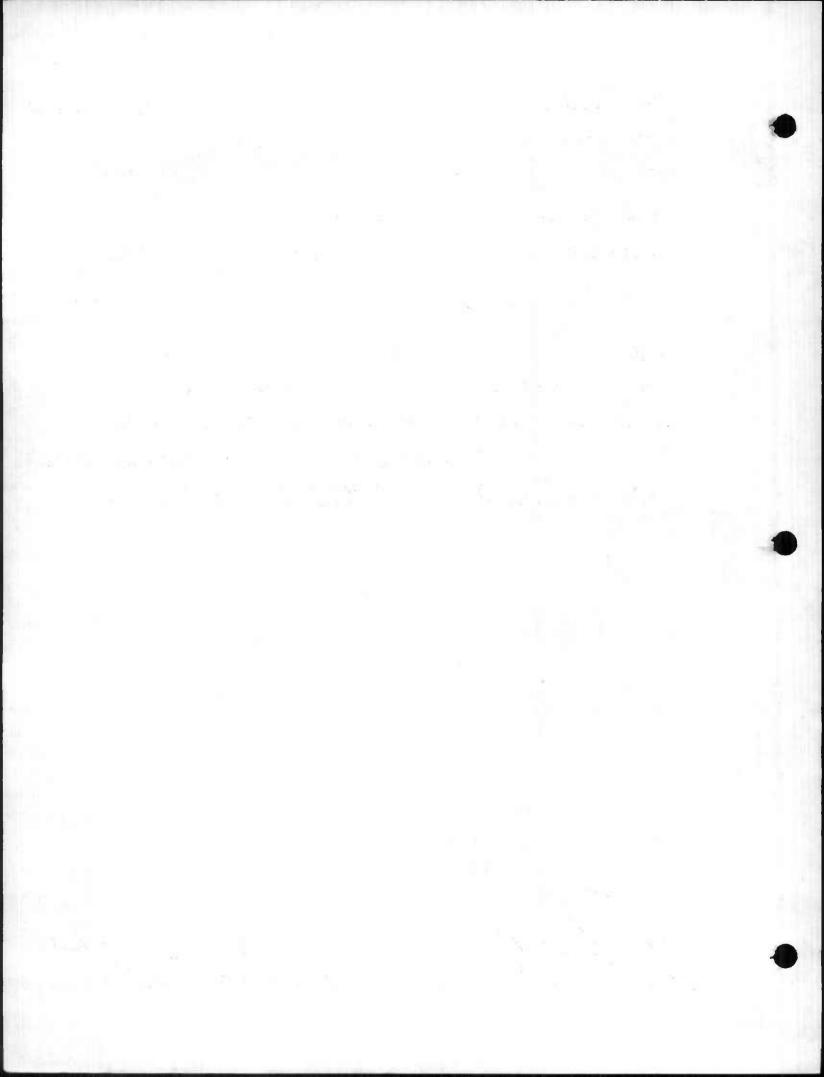
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State of Maryland / Department of Health and Mental Hygiene ? ?

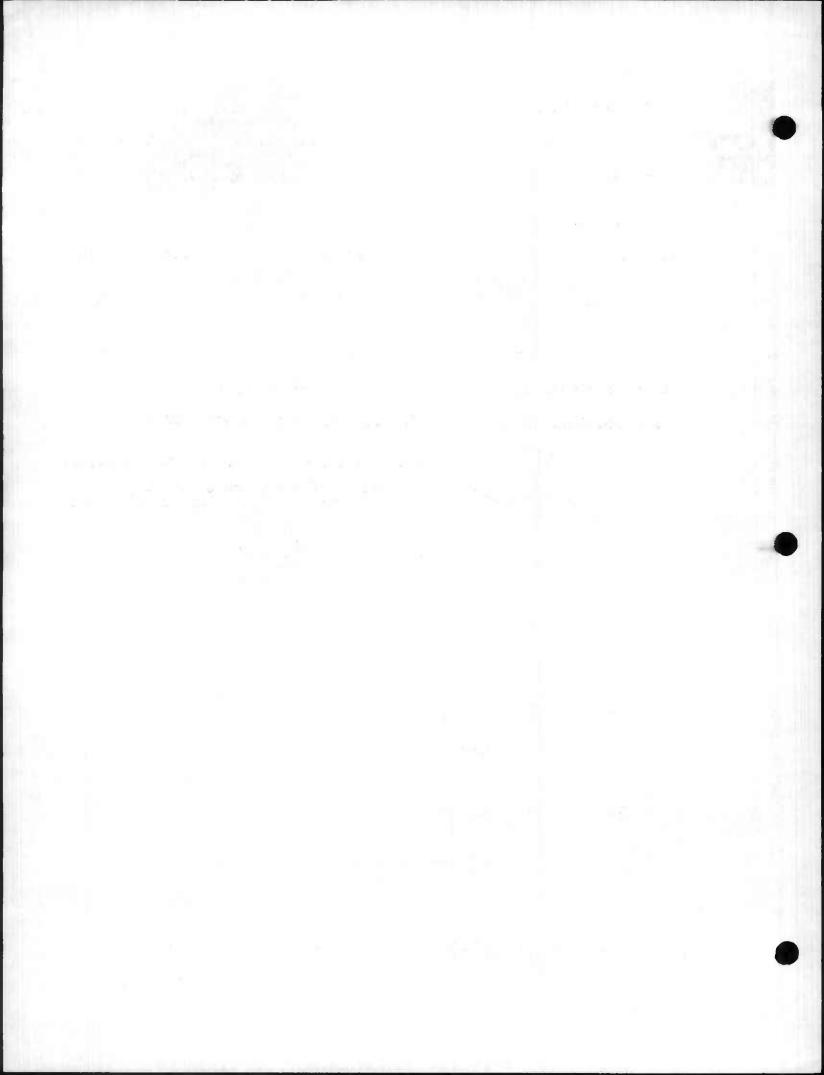
					Ce	rtificate	of	Death		Reg. No.		, , , , , , ,
Dhysisian		1. Decedent's Name (First, Middle, Lat	*						2. Data of Da Month		14	3. Time of Death
Physician /Medical	ı .	John G. Smith							March	27,	1998	10:17 AM
Examiner	r	4a. Facility Nama (If not Institution, giv. 4701 Mawani R		r)			16	4b. City, Town, or			County of Dea	
Funeral Director				Age (In yrs. Ia	st birthday) Yrs.	If Under 1 Months E	Year	Fuller If Under 24 Hrs Hours Min.	8. Date of Bir	48n	Baltimo 9. Bir 1 Mai	thplaca (State or Foreign ountry) LYLAND
		Usual Residence of Decedent		1					11119 21	, , , _		
death with the Meryland ma 23a or 28a-f show rmust be notified at	CTOL	Maryland Baltim	ore	10c. City,	Town or Lo	Fulle		on	10d. Inside City Limits 1 □ Yas 2 ☑ No			
th with the 23a or 2		10e. Street end Number 4701 Mawani R	oad			10f. Zip Co		1206		10g. Citi	u.S.A	
urs after urs after torning	6	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Forces 1 XYes 2 I If Yes, Give Year or Dates	s?] No		Was Decedan If Yes, specify 1 ☐ Yes 2X		Hispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		14. Race - Ami Black, Whi Specify:	
od within 72 horygiene. Ser than "natural", tra Wedical	ered	15. Decedent's Ed (Specify only highest gra	lucation de compieted)		(Give	dent's Usual C kind of work	done	during most of wo	rking	16b. Ki	nd of Business	/Industry
within than	du	Elementary/Secondary (0-12) 12th grade	Collega (1-4o	r 5+)		oo NOT usa alesma		d)		Ru	bber Co	отрани
be filed tal Hygin d other went, the		17. Fathar's Nama (First, Middle, Last)			3	ucesma	VL.	18. Mother's Na	me (First, Middle,			· · · · · · · · · · · · · · · · · · ·
Mental Mental Mental Mental Mental	0	John Sr	nith, Sr.					Alvin	na Cr	eame	r	
ges 1 and 2 should be filed withit of Heelth and Mental hygiene. If item 27 is marked other than or other treumatic event, the Mental Heelth and To Re Common		19a. Informant's Name/Relationship (Mercle Emma Smith	Type, Print) (Wife	.)				end Number or Ri Road, Bal			Town, State,	Zip Code)
tem stem other		20a. Method of Disposition		20b. Ple		sition (Name matory or othe	_		Date		ocation - City or	Town, State
emit. Pages 1 en Pepertment of Heel mportant: if Item 2 ny Injury or other MCe.		1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		(e)	id Ri	dge Cer	me	tery	3/31/98	Bal	timore,	Maryland
permit. Pa Depertmen Important: any Injury once.		21. Signature of Funeral Service Licent	and		22	Schimur 705 Bo	Addre	ess of Facility Funeral ir Rd.,	Home, I	nc.	1D 212.	3.6
		23a. Part1. Enfar the disease, or comp shock, or heart fallure. List only	pilcations that caus	ed fhe death.	Do not ent	er the mode o	of dyir	ng, such as cardla	c or raspiratory a	rrest,	IV ZIZ.	Approximata interval Between
Physician /Medical Examiner permanenting property of the prope		Immediate Cause (Final disease or condition resulting in death)	e. Co	th	as a sonass	yence of):	26	tova	Diold Pres	Su	ine	Onset and Death Diographic
artificate be ing physicial as the bur	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting in death) Lasf	and o	1/0	Ay /	rene	14	giden	- ive			=10yn
of the death of the by the ettend letached for us	3312	Part II. Other significant conditions of	entributing to death	but not result	ing in the u	nderlying caus	se giv	ven in Part I.	23b. Dld	tobacco	uae contribut	to the cause of death?
es that the signed by be detacted by Physical By Physi		14(B13)	5 19	797	7				1 Yee 2 No 3 Probably 4 Um			
The law requires thet the death or sate has been signed by the ettend page 2 should be detached for us.	ובוכח מ	1H RB	BB 1	199	0				24a. Was perfo	an autop rmed?	osy 24b.	Were autopsy findings available prior to completion of cause of death?
he lav te hes age 2	5	ALPIC.	0	199	7				10	Yes 2	DNO	1 ☐ Yes 2 ☐ No
ysicien: The k s certificate he director, page		25. Was case referred to medical examiner?						26. Place of De	ath (Check only o			
hysical this call direct	2	1 ☐ Yes 2 ☐ No	Hospital: 1 Inpa		R/Outpatler		Oth	4 🗆 Ruising r	lome 5. Resid	dence (6 □Other (Spe	ecify)
After the funeral fune		27. Manner of Death 1 Natural 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be			28b. Tima of Injury	М		ry at rk? ∣Yes 2 □ No	28d. Describe	how Injur	y occurred	
		3 Sulcide 6 Could not be determined	289. Placa of f	njury - At hon atc. (Specify)	ne, farm, str	eet, factory, o	ffice		28f. Location (: City or Tox	Street an wn, State	d Number or R)	lural Route Number,
Hospi Funda Funda Hospi Funda Hospi		29a. Certifier 4 Certifying Ph (Check only one) 2 Medical Exam	rsfcfan: To the bes liner: On tha basis and manner:	of axamination	edge, death on and/or in	occurred at the vastigation, in	my c	me, date and place opinion, death occu	t, end due to the arred af the fime,	cause(a) date and	and menner e I place, and du	s stated. e to the cause(s)
To the		29b. Signature and title of certifier	M			1		sa number		29d. Daf	ia signed (Mon	th, Day, Year)
1. June		7111 Up 10	/XCu	0		1)	2	769	3	5	12	7/98
+1	4	MichAR/ A. 13	completed cause of	0,6	530	Print) WA/	the	en Ave	Bolo	もん	ndz	1206
State Registrar		MAR 3 1 1998	Regis	trar's Signatu	Pandel	2						



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			State	oi waryiai	Ce	ertificate of	Death		eg. No.	0	9938
	Dhusia		Decedent's Name (First, Middle, Last)					2. Dete of Deal		Year	3. Time of Deeth
	Physic /Medi		ALMEDA HUNDLEY SEBRA					March 2	7, 1998	roai	3:03 p.m.
	Exami	ner	4a. Facility Name (If not institution, give street and a Colonial Manor Home	number)			4b. City, Town, or Bel Air	Location of Deeth	4c. County of Harfo		
	Funerai Director		5. Social Security Number 213-26-1687 6. Sex 1 ☐ M 2 ☐ F	7. Age (In yrs. 85	last birthday Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day April 1	Year) 1912	9. Birthple Count Viro	ace (State or Foreign try) JUNIA
	Marylend a-f show	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland St. Mary's		ity, Town or L UMCLON					10	0d. Inside City Limits 1 ☐ Yes 2 🕅 No
	or 28	Director	10e. Street and Number			10f. Zip Code		1	0g. Citizen of Wh	nat Count	try?
	ath w		P.O. Box 276			20628			U.S.A.		
020	rurs effer death with the Marylen all, or frems 23a or 28a-f show Examiner must be notified at	by Funeral	Armed	ecedenf Ever In L Forces? s 2 💢 No Give Dates:	J,S. 13	. Was Decadent of H If Yes, specify Cub 1 ☐ Yes 2 🎇 No	lispanic Origin? (S en, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)	14. Raca Bleck Specify:	White, e	
Baltimore, Maryland 21215-0020	n 72 ho natur	Completed		(1-4or 5+)	(Giv life.	edent's Usual Occup e kind of work done DO NOT use retire Stal Cler	during most of wor d)	rking	16b. Kind of Bus		
9	be filed withintal Hygiene. d other than		17. Father's Name (First, Middle, Last)	<i></i>	PO	siai itei		ne (First, Middle, I			neru
rylan		To Be	James Sturgis Hundley		100 110		Almeda	Clarke			
Ma	d 2 should th end Mer 7 is marks traumatic		19e. Informant's Name/Relationship (Type, Print) Kenneth H. Sebra (Son)		_	ing Address (Street Box 276			7, City or Town, S 20628	tete, Zip	Code)
nore,	Pages 1 and 2 nent of Haalth e int: If item 27 is iry or other tra		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ※Removal from	m State	Place of Disp cametery, cri	position (Name of ematory or other pla	ce)	Date	20c. Location - C		
Ħ	교육관측 .		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee	Sm	1 ,	d Bapt. C	on of English	3/30/98			-
Ba	Depa Impo any i		Mali	Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21 tions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ceuse on each line.							1014
8760,	death certificete be executed to the death certification and be estanding physicien and for use as the burlet-transit	dicai Examiner	Immediate Cause (Final disease or condition resulting In deeth) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	ilore			Onset and Death				
Box 68	nding p	an/Medi	resulting in deeth) Last								
P.O.	by th	Physiclan/Me	Part II. Other algorifficant conditions contributing to				en in Part I.	23b. Dfd to	1		the cause of death?
Vital Records,	aw requiras is been sign 2 should be	Completed by	Hyot Brea Hyot h	ypert	ensi	on		24e. Wes e	24e. Wes en autopsy performed? 24b. Were autopsy available prior completion of cordeath.		
I	The ate h	Con						1 🗆 Ye	98 2 No	1 🗆	Yas 2□ No
ZI S	ysician: The	Be	25. Was case referred to medical examiner?			0.11	1	ath (Check only on	10)		
ō	this al di	ation: To	27. Menner of Death 28e. Det	Inpatient 2 [e of Injury onth, Day Year)	28b. Time Injury	of 28c. Injui	4 W Nursing F	fome 5 ☐ Reside 28d. Describe ho	enca 6 □Other ow injury occurre	-)
2	5 를 등 등	Certification:	3 Suicide 6 Could not be determined 28e. Pla	ca of Injury - At h Iding, etc. (Speci	ome, farm, s	treet, factory, office		28f. Location (St City or Town	treet and Number n, State)	r or Rural	Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	edical	29a. Certifier (Check only one) 11 Certifying Phyafcfan: To the 2 Medical Examiner: On the and ma	ne best of my kno basis of examina anner stated.	owledge, dea ation end/or l	th occurred at the time nvestigation, in my o	ne, dete end plece pinion, death occu	e, end due to the co irred at the time, d	euse(s) end men ate and placa, ar	ner es ste ad due to	eted. the cause(s)
	To the Total	×	29b. Signature and title of certifier	1.1.		29c. Licens	e number	2	9d. Date signed	(Month, L	Jay, Year)
	/		· Serola,	Mul	u Mu		12797	5	3/30/90	P	
1	5		30. Name and address of person who completed ca	use of deeth (Iter		ac/hail	nd Be	RAin,	Nd. 21	014	
	Sta Registr		31. Dete filed (Month, Day, Year) WAR 3 1 1998	pegistrace Sign		dell				,	

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3 Time of Death Marian **Physician** Stan GERTRUDE A. SPENCER /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner DEATON MEDICAL CENTER BALTIMORE N/A 5. Social Security Numbar If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Yeer) 9. Birthpieca (State or Foreign Nov. 29 1920 New Jersey 7. Aga (In yrs. last birthday) **Funeral** 566-20-7729 1 M 2 TF Months Days Hours Yrs. Director Usuel Rasidance of Dacedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or illams 23s or 28s-f show traumetic event, the Medical Examiner must be notified at Md. Anne Arundel Co. Pasadena 1 ☐ Yas 2 X No Director 8 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8217 Elkwood Court 21122 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑No if Yes, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - American indian, Biack, Whita, atc. 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yes 2 X No Specify: þ Specify: white 3 Widowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Home maker Home Owner mportant: If item 27 is marked other 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meidan Sumame) Be William Pier Alice Honeker 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Andra L. Popkin (Daughter) 812 Barcelona Drive, Boca Raton, Florida 33432 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Date March 28,1998 Baltimore, Md. 1 ☐ Burial 2 【Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility McCully-Polyniak Funeral Home 3204 Mountain Road, Pasadena, Md. 21122 23a. Party Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or have failure. List only one cause on each line. Approximata interval Betw Onsat and Deeth **Physician** Heart Failure /Medical Immediate Ceusa (Final disaasa or condition rasulting in deeth) Examiner Sequantially list conditions, if any, laading to immadiata ceuse. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of). Physician/Medical å Dua to (or as a consaquanca of): 2 Build Part il. Other algnificant conditions contributing to death but not resulting in the underlying couse given in Part I. 23b. Did tobacco use contribute to the cause of death? End-stage renal disease 1 Yes 2 No 3 Probably 4 Unknown p Vaseular dementra 24b. Wara autopsy findings available prior to complation of ceusa of deeth? 24a. Was an autopsy performed? Completed Covenary artery disease with awhythmias. certificate 1 Yas 2 No 1 Tyes 2 No 25. Was cesa referred to medicel axaminar? To the Hospital or Attanding Physician: within 24 hours after death.

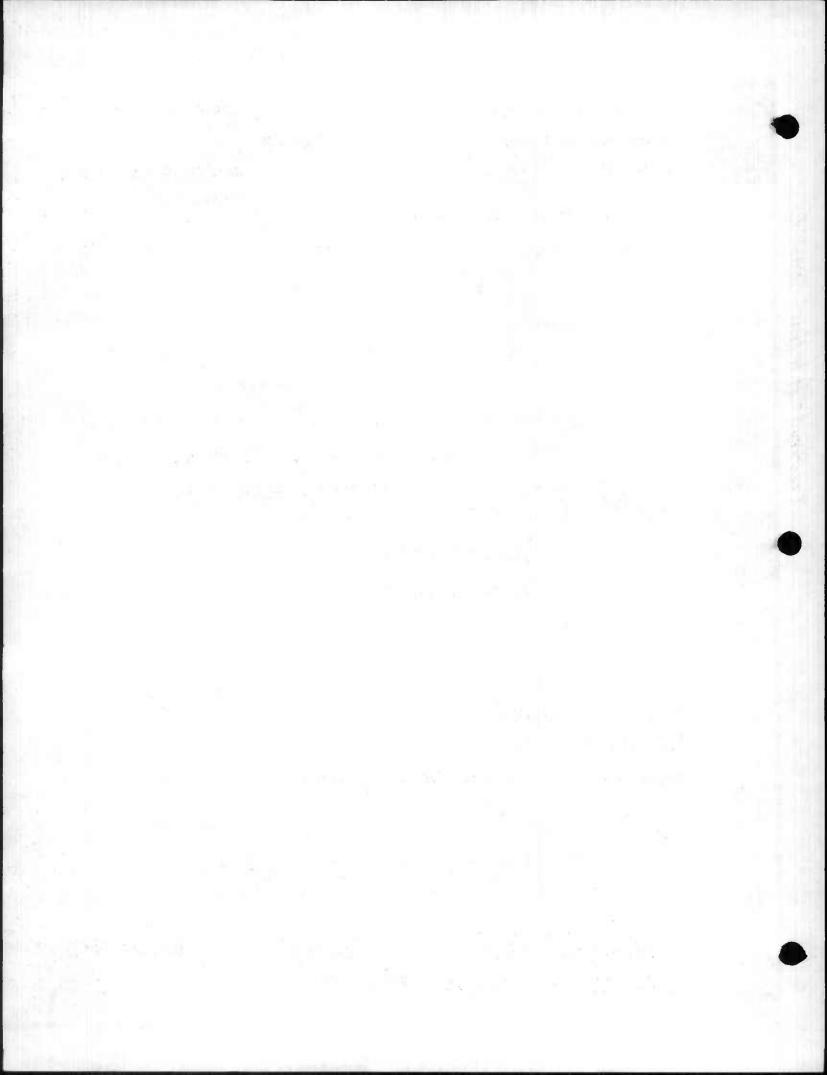
To the Funeral Director: After this certific. Be 26. Place of Deeth (Check only one) Hospitai: 1 PInpatiant 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 10 funeral 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 27. Menner of Death 28d. Daecribe how injury occurred 28b. Tima of Certification: 5 Pending investigation 1 Netural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not ba 28e. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida filled in by 4 - Homicida 29a. Cartifiar 1🖵 Cartifylng Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. Medical pletely (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of cartifiar 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated cause of daath (Item 23a) (Type, Print)

Registrar

extrude Adelino Spence

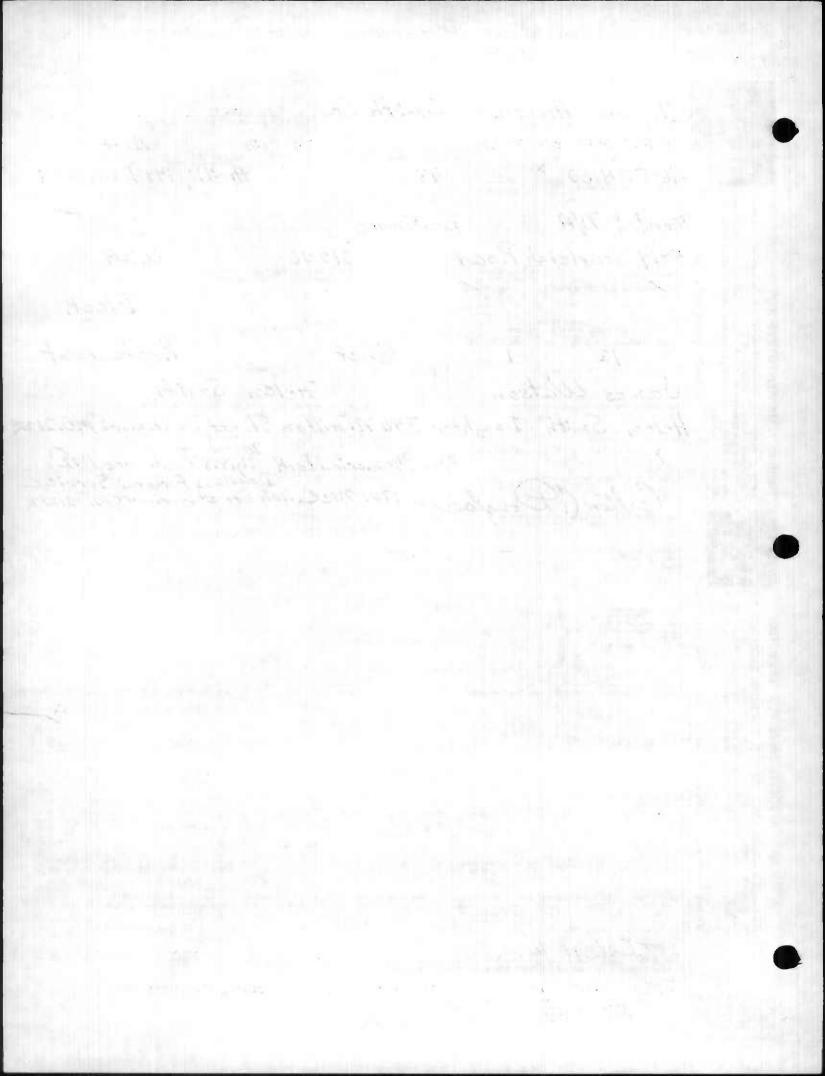
Box 68760

Division of Vital Records. P.O.



98-1660-510 AM CLARENCE Iter	Please n: 23 part I,II per MEO	Type or Print In E						ole.	1.0
SMITTH Physician	Item: 23 part I,27,28a- 1. Decedent's Name (First, Middle, Last		1/8/9Eertifica	ate of Dea	2.1	Reg. f		U 9 9 Year 3. Ti	ime of Death
/Medical	Clarence HI	street and number)	mith	Sr. 4b. City.	, Town, or Location	ARCH 24 on of Death	1998 c. County o	of Death	7:00 P
Funeral Director	JOHNS HOPKINS BAY 5. Sociel Security Number 6. Se 2/6-52-4/00 Usual Residence of Decedent		last birthday) If Un. Month	der 1 Year If Un	CTTMORE der 24 Hrs. 8. I rs Min.	Date of Birth Month, Day, Yes		9. Birthplace (S Country)	itate or Foreign
with the Marylend ta or 28a-1 show the notified at	10a. State 10b. County		ty, Town or Location	Žip Code		10a. (Citizen of W		lde City Limits
deeth with	5914 Starleis	h Koad		21200	,		4.3	SA	
020 urs efter el:, or fte	3 ☐ Widowed , 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No if Yes, Give Yeer or Dates:	44.5	cedent of Hispenic pecify Cuban, Mex		Yes or No- n, etc.)		Blace	en, K
d 21215-0020 filed within 72 hours etter Hygiene. Inthe than "naturel; or its ent, the Medical Examine a Completed by Fu	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	cation (e completed) College (1-4or 5+)	16a. Decedent's U (Give kind of life. DO NO	work done during r ruse retired)			Res.	faura	nt
yland yland build be fil Mental H arked out aric even	James Wa	tson		74	elen	Smi	44		
Nore, Mar ges 1 and 2 sh th of Heelth end If item 27 ie m or other treum	19a. Informant's Name/Relationship (7) Hele 3 20a. Method of Disposition 1 Purial 2 Cremation 3 December 1	. Daughter	19b. Mailing Addr 3 4 6 7 Place of Disposition (incremeterly, crematory)	ess (Street and Nu Partiffo Name of or other place)	n Stre	et, Ba	Him	State, Zip Code) City or Town, St.	0.2122
Baltimore, pemit. Pages 1 ar Department of Hee Important: If Item 2 any Injury or other	4 d Donation 5 □ Other (Specify, 21. Signature of Funeral Service Licens	Ki	ng Memo 22. Name 1701	rial Pa. and Address of Fa	rk 31, acility Dolog	1998 B	uner	1 Ser	vice
Physician /Medical Examiner	23e. Rart1. Enter the disease of composition of the	lications that gaused the deet ne cause on each line. NARCOTIC INT NARCOTIC INT a.	OXICATION CO	node of dying, such	es cerdiac or re	spiratory arrest,		Appro	eximete ral Between sand Seath
end Fransit Xaminer		b	or as a consequence						
C 6 5 6 M	cause. Enter Underlying	с	or as a consequence o					1	
Box ath certi		d							
P.O. The the d by the deteched		ntributing to death but not res	sulting in the underlyin	g cause given in P	art I.	23b. Did tobac		tributs to the c	ausa of death?
Il Records, P The law requires that sate has been signed to page 2 should be deter						24a. Was an au performed		24b. Were aut available completic of death?	prior to on of cause
Vital Rec	25. Was case referred to medical			26. P	Place of Death (C	heck only one)	2□No	1 Yes	2□ No
on of Vita ding Physician: h. After this certific funeral director,	1 □XYes 2 □ No	Hospital: 1 ☐ Inpatient 2 ☒ 28a. Date of Injury (Month, Day Year)	ER/Outpatient 3 28b. Time of	DOA Other: 4 [28c. Injury at Work?	Nursing Home 28d.	5 Residence			
Division of Vital Records, To the Hospital or Attending Physician: The law requires the within 24 brouts after cloath. To the Funers Director: After this certificate has been signe completely filled in by the funeral director, page 2 should be Medical Certification: To Be Completed by	1 Natural 5 Pending investigation 3 Suicide 6 C Could not be determined	3/24/98 28e. Plece of Injury - At h building, etc. (Specil	6:10 P M ome, farm, street, fac	1 ☐ Yes		nown Location (Street City or Town, St			
ne Hospital n 24 hours ne Funeral pletely filled		sicien: To the best of my knowner: On the basis of examine and manner steted.				due to the cause	(s) and mar		
To the comple		1/- 1		29c. License numb	per			(Month, Day, Y	'ear)
	30. Name end address of person who c			OCME) n] + i		CH 25		
State Registrar	31. Date filed (Month, Day, Year) MAR 3 1 1998	7	111 Penn S ature Kon-Andale		MILLIMOTE	e, Maryl	ana_2	1201	

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 994 Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth Month 3 Dey 27 Martha Smith 20:36 A 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street and number) 4c. County of Deeth UNIVERSITY OF MARYLAND MEDICAL CENTER BALTIMORE 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months, Dey, Year) Birthplace (Stete or Foreign Country) 1□ M 2₩ F Deys Hours 47 8-03-1950 South Carolina 213-62-4372 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes XXNo Md. N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 811 Bethune Rd. USA 21225 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes Y No
If Yes, Give
Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. XXNever Married 2 Married 1 Yes YNO Specify: Specify: Black 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 12 th Domestic 18. Mother's Name (First, Middle, Melden Surneme) 17. Father's Neme (First, Middle, Last) John Henry Smith Fannie Cotton 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Tammy Smith (Daughter) 811 Bethune Rd. Balto., Md. 21225 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetlon 5 □ Other (Specify) Arbutus Memorial Park 4-3 Arbutus Maryland 22. Name and Address of FeolityCaple Funeral Service 21. Signeture of Funeral Service Licensee 5502 Winner Ave. Balto., Md. 21215 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Coronary arten re atheroscler Due to (or es e consequence of) Due to (or es a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Wes en eutopsy

Physician /Medical Examiner

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I Diractor: After to din by the funer

Hospital 24 hours

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permit. Pages 1 and 2 sh Department of Health end Important: If item 27 Ia m any Injury or other traum once.

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Funeral

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7 is marked other than "naturel", or items 23a or 28a-f ahow traumatic avent, the Madical Examiner must be notified at

2 should be filed within 72 hours effer and Mentel Hygiene. Is marked other than "naturel", or its

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

the Maryler

death

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Hyperknsion

Hypercholes feurlemon

1 TYes 2 No 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical exeminer?
1 Yes 2 No

26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Impatient 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28h. Time of

27. Menner of Deeth 2 Accident 3 ☐ Suicide

4 Homicide

5 Pending Investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Certifying Phyetcien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated. 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signeture and title of certifier Donlet MD 29c. License number

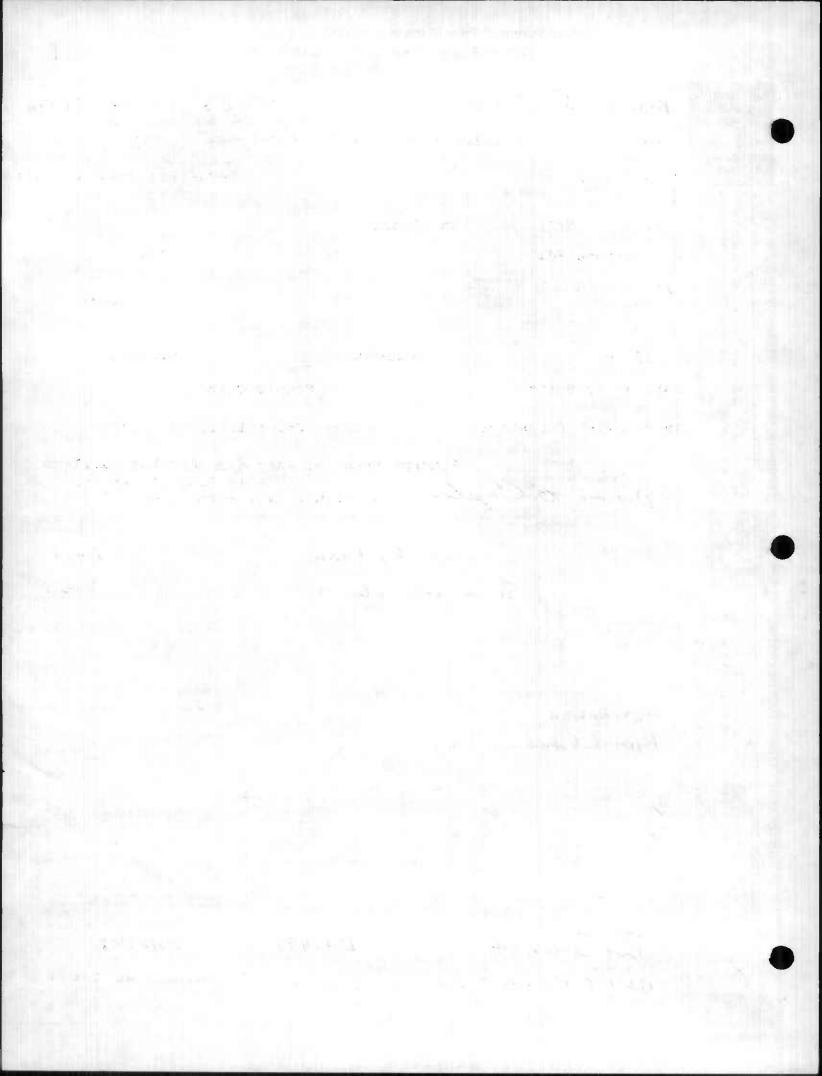
29d. Date signed (Month, Dey, Year) 03/27/98

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

SI GREENE ST BALTIMOLE, MD 21201 BRET D. BORCHELT, MD 22 31. Dete filed (Month, Dey, Year)

Registrar





98-1622-510 AM **JAMES**

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

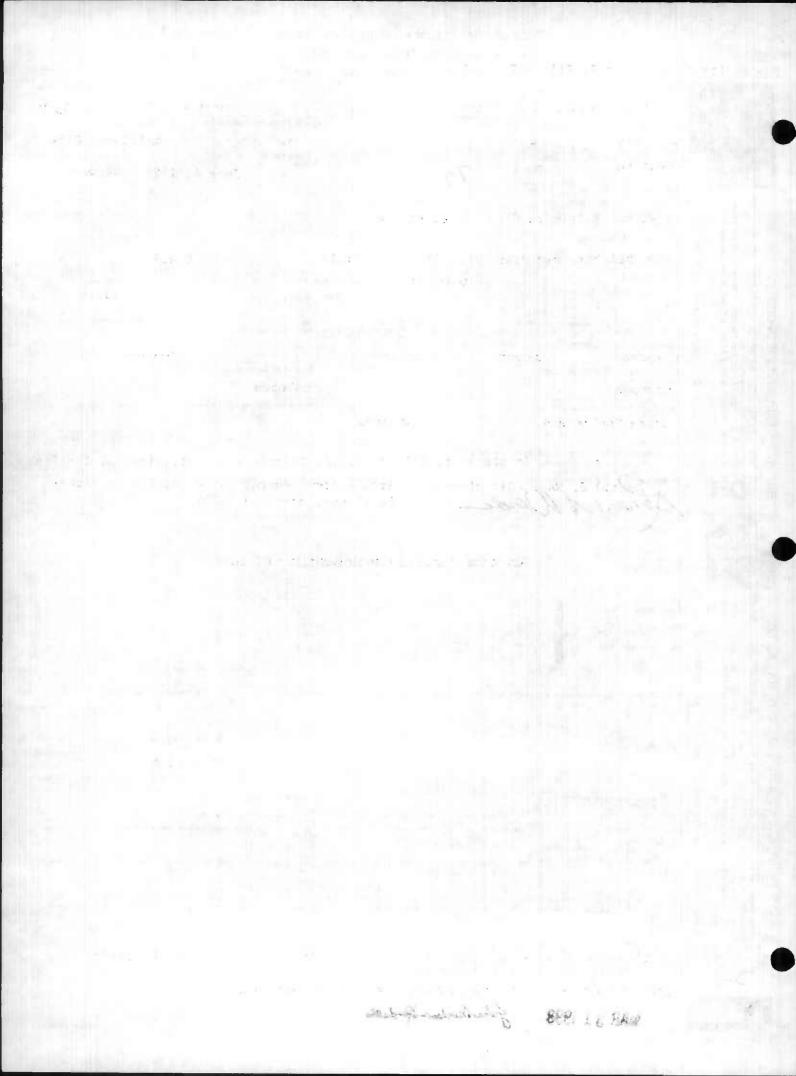
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ale of	Maryland / Department of Health and Mental	nygierie
758	4-14-98Rc Certificate of Death	Reg. No.

State Registrar

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al L	James	s Frede	rick	Stock	ton			4,		MARCH		1998	1001	5:2	3 P
	4a Facility Name (If not institution,	, give stre	et en <i>d n</i> um	ber)				4b. City, Town, o	r Location of De		. County	of Death		
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	5. Social Security N UNKNOWN		6. Sex 1 🖾 M	2□ F 7	7. Age (In yi	s. lest birtho	Month	der 1 Year hs Deys		s. 8. Date of E (Month, I June	Birth Dey, Year) 4, 19	923	9. Birtho Cour unkr	olace (State ntry) nown	or Foreign
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Cto	Maryland	Balti	more	City	1	Baltim	nore							177.55	s 2 No
Dire	10e. Street and Nu							Zip Code			10g. Cit	tizen of V	What Cour	ntry?	
<u>a</u>	3000 Re	isterst	-	-				21215		10 V M	U.S.		a. Amaria	can tndien,	
by Fur	11. Marital Status1 Never Marr3 Widowed	ried 2 Marrie	ed	Was Deced Armed Ford 1 Yes 2 It Yes, Give Yeer or Det	ces? unk 2□No	nown			Hispenic Origin? pan, Mexican, Puo Specify:	(Specity Yes or reactor Rican, etc.)	NO-		ck, White,	etc.	
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Be Completed	Elementary/Seco			College (1-	4or 5+)			T usa retire	9d)			1			
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	unknown		L&31/						unknow			. Carrielli	.3)		
2	19e. Informent's N		nin (Tyne	Print)		19h k	Vailing Addre	ess (Stree	at and Number or		nber. City	or Town	Stete 7in	o Code1	
	Debra C						nknown		. and runiber of		Ony	J. TOWIL	5.010, 24	2000)	
1	20a. Method of Dis				20b	Place of D	Disposition (/	Neme of		Dete	20c. Le	ocation -	City or To	own, State	
	1 Rurial 2	Cremation	3 □Remo pecify) 1	oval from S n sta	tate Mt					4-2-98					lina
	1 Burial 2 Cremation 3 Removal from State Calvary C.M.E. Church 4-2-98 Mt. Airy, N. Carol Calvary C.M.E. Chu										eta				
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WAR 31 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima ot Death Month Dey **Physician** 26,1998 C. EDGAR SMITH JR. MARCH 9:10pm /Medical 4b. City, Town, or Location of Death 4a Fecility Name (If not Institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER N/A BALTIMORE If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign 5. Social Security Number 7. Aga (In yrs. lest birthday) **Funeral** 180 M 2□ F 217-16-1825 81 Yrs. 04-08-1916 MARYLAND **Director** Usual Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Director MD. BALTIMORE N/A 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number with 1 6 BROOKE COURT 21212 USA permit. Pages 1 and 2 should be filed within 72 hours effer deeth v Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other treumatic avent, the Medical Examiner manal page. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. 11. Maritel Stetus Bieck, White, etc. 1 Nevar Married 2 Married 15€Yas 2 □ No If Yes, Give Yaar or Datas: WW T T 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) 4YRS Elementery/Secondary (0-12) BANKING EXECUTIVE BANKING 17. Falhar's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) CARL EDGAR SMITH ANNA LOUISE BREEBACK 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY W. SMITH(WIFE) 6 BROOKE COURT BALTO., MD. 21212. 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cremetion 3 Removel from Stata GREEN MOUNT CREMATORY03/28/98 BALTO., MD. 4 Donetion 5 Other (Specify) 22. Nama end Address of Fecility HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximete tnterval Between Onset and Deeth **Physician** tmmediate Cause (Final diseese or condition resulting in death) /Medical **Examiner** Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest pue Box 68760. The law requires that the death certificat the Due to (or es e consequence ot) 981 23b. Did tobacco use contribute to the cause of death? ed by the a Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 1 | Yes 2 No 3 | Probably 4 | Unknown by 24b. Wera autopsy findings availebla prior to should I 24a. Was en eutopsy performed? Completed completion of cause of deeth? hes page 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Wes case reterred to medical Be 26. Piace of Deeth (Check only ona) Hospitai: 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 1 Inpaliant 2 ER/Outpetient 3 DOA After this 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of tnjury 28d. Describe how injury occurred Certification: 1-Naturel 5 Pending investigation 1 Tyes 2 No death. 2 Accident Director: / 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) Exports effect
 Funeral Direct
 Herein Filled in b. 4 Homicide efter edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examitner: On the basis of exemination and/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) and manner steled. (Check only one) within 2 To the I 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifie

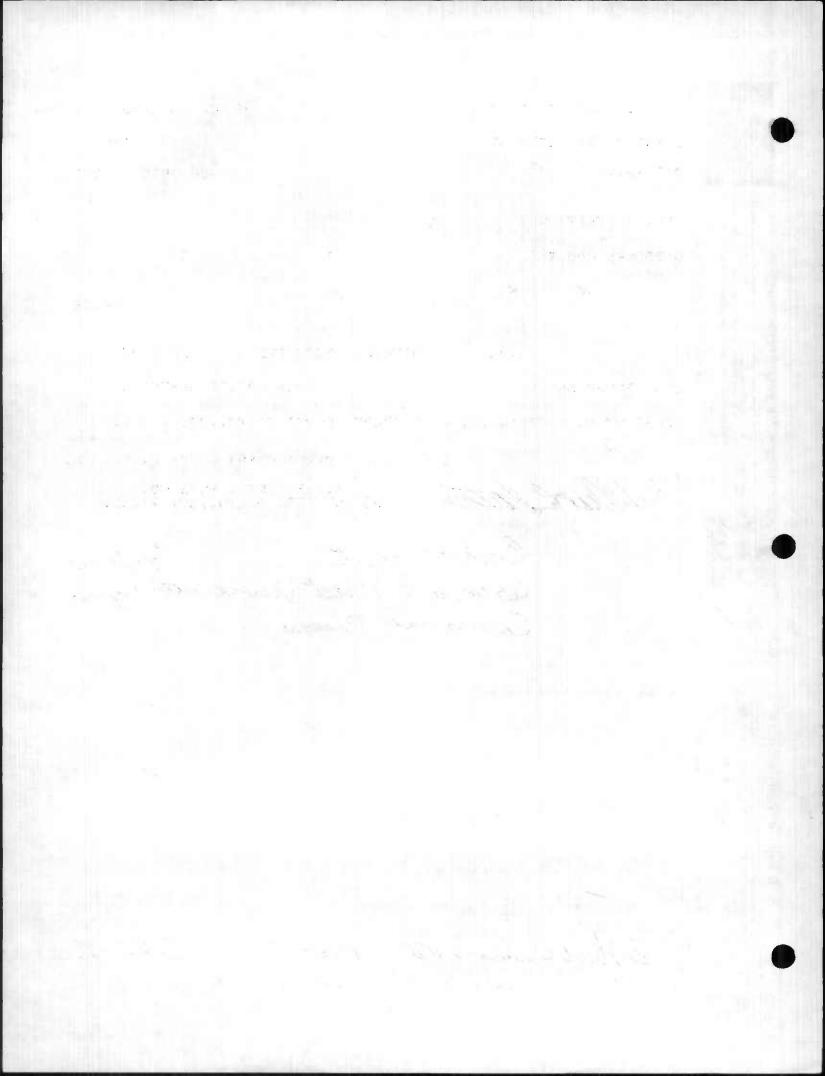
State

Registrar

31. Dete filed (Month, Dey, Yeer) MAR 3 1 1998

HUNTER WILSON M.D. 6701 N. CHARLES STREET TOWSON, MD. 21204. 32 Registrar's Signatura the Davidson Pandall

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



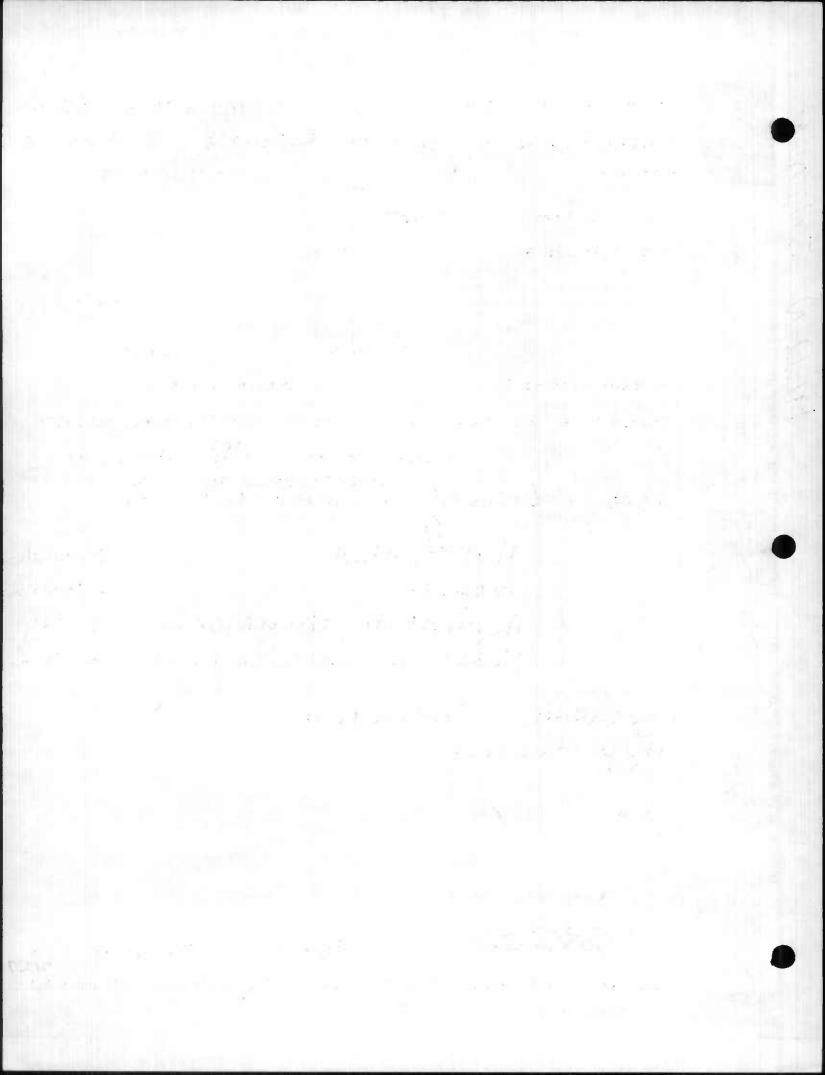
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** 9:30 P.M 1998 Helen Marie Snider 27 March /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Roseda 10 If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Baltimone Franklin Square
5. Social Security Number 6. Sex 7. Age (Inlyrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2 F 216-32-6490 86 Director 23 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10e Stete 10h County 10d. Inside City Limits arked other than "natural", or fems 23a or 28a-f ahos setic event, the Modical Examiner must be notified at 1 ☐ Yes 2 No MD Director Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6814 Holabird Ave 21222 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritel Stetus Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐No Specify: þ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Peges 1 end 2 should be filed within tent of Health end Mental Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home merked other 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Michael Brodowski Pauline Wieltzko 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Donald M. Snider /son 4 Buccaneer St. Murells Inlet, SC 29576 other Baltimore, Hell 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Mar. 31 20c. Location - City or Town, State permit. Peges
Department of
Important: If it
any injury or c 1 Burial 2 □ Cremation 3 □ Removal from State 1998 Christ Lutheran Baltimore, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses Connelly Funeral Home of Dundalk 7110 Sollers Point Rd onn 23a. Part1. Enter the discusse, or complications that caused the death shock, or heart fail in . List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examine Examiner The law requires that the death certificant be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events ue to (or as a consequenca of): spiration Pheumonia Division of Vital Records, P.O. Box 68760. Physician/Medical that Initiated events resulting in death) Last Due to (or as a consequenca of): ascular Accident weeks use signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown -nfarction Completed by 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? n5101 completion of cause of death? After this certificate has funeral director, page 2 1 ☐ Yes 2 ☐ No 1 Yes 2 No Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 N Inpatient 2 ER/Outpatient 3 DOA Certification: To 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes death. investigation 2 Accident Ofrector: 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 24 hours effer to Funeral Directors pletaly filled in b 5 Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a. Certifier edicai To the Hosp within 24 hor To the Fune completaly fi (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 9000 Franklin Square Drive Baltimore Md 32. Pogistrar's Signature 31. Date filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

MAR 3 1 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No." 1. Decedent's Name (First, Middle, Last)

Jackie W. 2. Dete of Death 3 Time of Death Stafford W. March 28, 1998 6:05 PM 4b. City, Town, or Location of Deeth 4a Fecility Name (If not institution, give street and number) 4c. County of Death Franklin Square Hospital Center Rosedale Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Pay, Year) Aug. 13, 1937 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Months Days 434-50-4162 60 Yrs. Louisiana Usual Residence of Decedent 10c. City, Town or Location Rosedale 10d. Inside City Limits Maryland Baltimore 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 First Light Court 21237 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Merried Married 1X Yes 2 □ No If Yes, Give Year or Dates: 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Vice President Electronics Company 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Floyd Otto Stafford Effie Zola Mae Adams 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5 Firt Light Court Rosedale, Md. 21237 19a, Informent's Name/Relationship (Type, Print Patricia Stafford (Wife) 5 Firt Light Court Rosedale, Md. 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 M Burial 2 ☐ Cremation 3 ☐ Removel from State Gardens Of Faith Cemetery 4/1/1998 Baltimore Co., Md. 4 Donation 5 Other (Specify) ure of Funeral Ser Bruzdziński Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest, ck, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) line SOU Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 28e. Date of Injury (Month, Dey Year) 28h Time of 28c. Injury at Work? 5 Pending

Examiner physician and the burief transit Physician/Medical 950 P.O. signed by t Records, by Completed hes Division of Vital Be P this funeral or Attending Pheter death. Certification: To the Hospital of within 24 hours of To the Funeral Di

Physician

/Medical

Examiner

Director

Funeral

p

Completed

21. Sign

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after d
Department of Heelth and Mental Hygiene.
Important: If item 27 is marked other than "naturel", or item
any injury or other treumatic event, the Medical Examines and

Physician /Medical

Examiner

Baltimore,

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deeth

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical 1 Yes 2 No 27. Manner of Death 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier ሼ Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end plece, and due to the cause(s) and manner stated. (Check only one)

State Registrar

12950

29d. Date signed (Month, Day, Year)

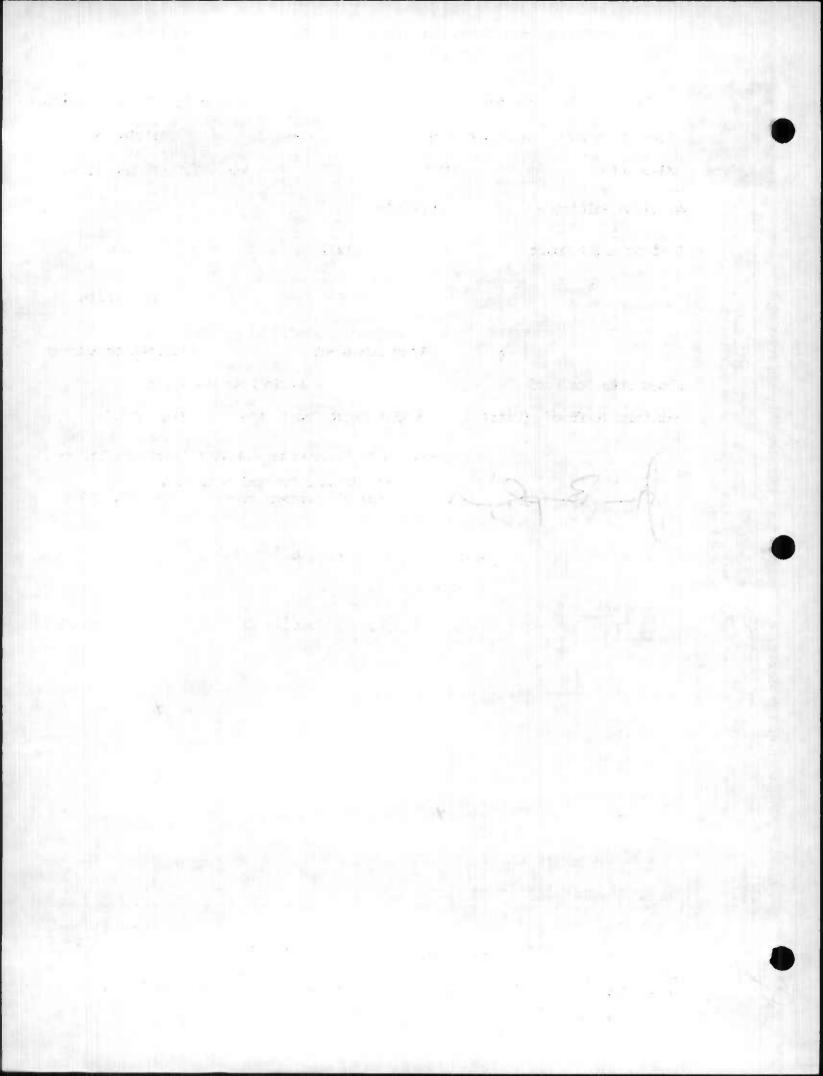
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

7801 York Rd \$101 A. lowson MD M.D. Quinlan James

MAR. 3 1 1998 31. Date filed (Month,

29b. Signature and title of certified

32. Registrar's Signature This Savidson-Randell



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	AMENI Ameno	DED led	# 4A,4B,4C QACHD 2/ #23aPT 1,24a,25,26	State of Maryland /17/98 vri 5,27,29a perPh	o / Depa Gel	artment of the			Reg. No.	09946	
	Physic	ian	Decedent's Name (First, Middle, Last) Pauling.	Tur				2. Data of Dan Month Feb.		Year	
	/Medi Examir		4a. Facility Nama (If not institution, give : Mercy-Medical-	street and number) Conter-220 Du	itcher	Road	4b. City, Town, or Le Queenst BALTIMORE	cation of Death OWN -C1-Fy	4c. County o	NORE-Anne's	
	Funeral Director		5. Social Security Number 6. Septing 194-44-7955 Usual Residence of Decedent	7. Aga (In yrs. I		Months Days	Hours Min.	Month, Da Feb. 2	2,1955	9. Birthplaca (State or Foreign Country) Germany	
	ahow	_	10a. State 10b. County	10c. City	, Town or Lo	cation				10d. inside City Limits	
	the Me	ecto	PA Chester 10e. Street and Number	Wes	t Che	7				1 Yes 2 No	
	With Sa or	Dir	347 Huntingdon	Court		10f. Zip Code 1938	0		U.S.A.	nat Country?	
020	be filed within 72 hours after death with the Maryland ital Hygiene. d other than "natural", or itema 23a or 28a-f ahow event, the Medical Examiner must be notified a	by Funeral Director		12. Was Decedent Evar in U, Armed Forcas? 1 ☐ Yes 2 ☑No If Yes, Give Yaar or Dates:	i		Hispanic Origin? (Spe pan, Maxican, Puarto	ecify Yas or No Rican, etc.)	14. Race Black	- Amarican Indian, , White, etc. White	
21215-0020	be flied within 72 hours af ital Hygiene. d other than "natural", or event, the Medical Exami	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12)		(Giva life. L		pation during most of worki dd) Analyst	ng	16b. Kind of Bus	iness/Industry	
	e filed within the Hygiene. other then	Be Co	17. Father's Nama (First, Middle, Last)	<u> </u>	1 1110	inciai	18. Mother's Name	(First, Middle,			
ylar		To B	Joseph Winkowsk	i			Joan Pa	lese			
Maryland			19a. Informant's Name/Relationship (Ty)				and Number or Rura				
Baltimore, I	iges 1 and of Healt if item 2		Michael L.Turne 20a. Method of Disposition 12 Buriai 2 Cremation 3 R 4 Donation 5 Other (Specify)	20b. Pi	aca of Dispo matery, cren	sition (Name of natory or other pla		18, 1	998 Location - C	ter, PA19380 City or Town, Stata	
Balti	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Licent	Helpheir	F ∈ 1 C	Name and Address 110WS , 1	ess of Facility Helfenbe rock Rd.	in,&Ne	wnam Fi	uneral Home . 21619	
	Physician /Medicai Examiner	er	23a. Par(1. Enter the disease, or compfishook, or heart feilure. List only on finding the composition of the	Cardio	Do not ente	nanau	y AMI		rest,	Approximate Interval Between Onset and Death	
Box 68760,	death certificate be executed e attending physician and od lor use as the burial-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last		ian Ca as a conseq as a conseq	uenca of):					
	the atter	sicla	Part II. Other significant conditions con-	tributing to death but not resu	iting in the ur	nderlying cause gi	ven in Part I.	23b. Did 1	obacco use cont	iribute to the cause of death?	
, P.O	₽ > ≥	by Phy	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.						23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow		
Records,	aw requir	Completed b							an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?	
alF	F se a							101	es 201No	1 Yas 2 No	
Vital		o Be	25. Was case referred to medical axaminer? 1 Yas 2 XNo	ospitai: 1 ☐ Inpatiant 2 ☐ 6	ER/Outpatien	t 3 DOA Ot	26. Placa of Death			r (Specify) Home	
Division of	ath. r: After	ation: T	27. Menner of Death 1 Natural 5 Panding investigation		28b. Time of Injury	28c. Inju Wo			now injury occurre	* * * * * * * * * * * * * * * * * * * *	
Divis	Hospital or Attend 24 hours after deat Funeral Director: stely filled in by the	Certification:	3 Suicide 6 Could not be detarmined	28e. Place of Injury - At hos building, atc. (Specify)			City or Tow	m, State)	r or Rural Routa Number,	
	e di de	Medical	29a. Certifier (Check only one) 1	ician: To the best of my know er: On the basis of examineti and manner stated.	viedge, deeth ion and/or inv	restigation, in my	me, date and placa, a opinion, deeth occurres se number	ed at the time,	date and place, ar	nner as stated. nd due to tha causa(s) (Mopth, Day, Yeer)	
	Vitt		30. Name and address of the control	mahein	23a) (Type,	1)	28372		2/16	198	
	Sta	te	31. Date filed (Month, Day, Year) FEB 17	32. Registrar's Signat	Men	cy Med	heal (e)	uler, 3x	3174 K	ul Place Vale,	
	Registr	ar	PEB 1 (1998 > Julie	www.draw	-Handell	1			21202	

DHMH 16 Rev 6/95

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 25, 1998 4c. County of Death 9:25 Pin Twersky heodore March 4b. City, Town, or Location of Deeth 4a Fecility Name (If not institution, give street end number, Hospital Baltimore Baltimore Sinau 8. Dete of Birth (Month, Day, If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2□ F Months Days Hours Min 89 Yrs. 111-10-3742 NEW JERSEY Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits YE Yes 2 □ No MARYLAND N/A BALTIMORE 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 1190 W. NORTHERN PARKWAY, APT. 620 21210 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 □X/es 2 □ No If Yes, Give Year or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 1 ☐ Never Married 25 Married 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 Divorced WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) TRANSPORTATION 11 CAB DRIVER 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) LOUIS TWERSKY REBECCA 19b. Mailing Address (Street and Number or Rurel Route Number DAT TIMORIE, Zinnode) 19a. Informent's Name/Relationship (Type, Print) MRS. JULIA TWERSKY (WIFE) 1190 W. NORTHERN PARKWAY, APT. 620 (21210) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 N Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) BALTIMORE HEBREW 3-27-98 BALTIMORE, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Sol Levinson & Bros., Inc. the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, that failure. List only one cause on each line. 8900 Reisterstown Road Pikesville, MD 21208 Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) ardiogenic Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or as e consequenca of) that initieted events resulting in death) Last Due to (or as a consequence of): 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Mellitus 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was en eutopsy performed? Peptic Ulcer Disease 2 No 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: 1□ Yes 2No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of fnjury 28d. Describe how injury occurred 27. Manner of Deeth 28c. Injury et Work? 1 Natural 2 Accident 5 Pending

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. Stete

Funeral

Director

28a-f ehow

Director

Funeral

p

Completed

7 is marked other than "naturel", or items 23s or 28s-f show traumetic event, the Medical Examinating the notified at

filed within 72 hours efter death v Hygiene. other than "naturel", or Items 23s

permit. Pages 1 and 2 should be filed will Depertment of Heelth end Mentel Physien Important: if item 27 is marked other that any injury or other traumatic event, if a page.

the Marylend

attending physic the a signed by been s certificate hes funeral

Records, P.O. Box 68760.

Division of Vital

The law requires that the death certificate or or Attending Physician: within 24 hours after death. To the Funerel Director: After this filled in by

Physician/Medical by Completed Be OL Certification:

3 Sulcide

(Check only one)

31. Date filed (Month, Pay Year)

29a. Certifier

Examine

edical

State Registrar

28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. License number

29b. Signeture end title of certifier

investigation 6 Could not be

AS 2402321 MW 9515

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year) March 25, 1998

Baltimore, Maryland

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

Hospital Sinai

32. Registrar's Signeture Frina Davidson-Randall

TRANSPORTED IN CALL Control of the second second

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

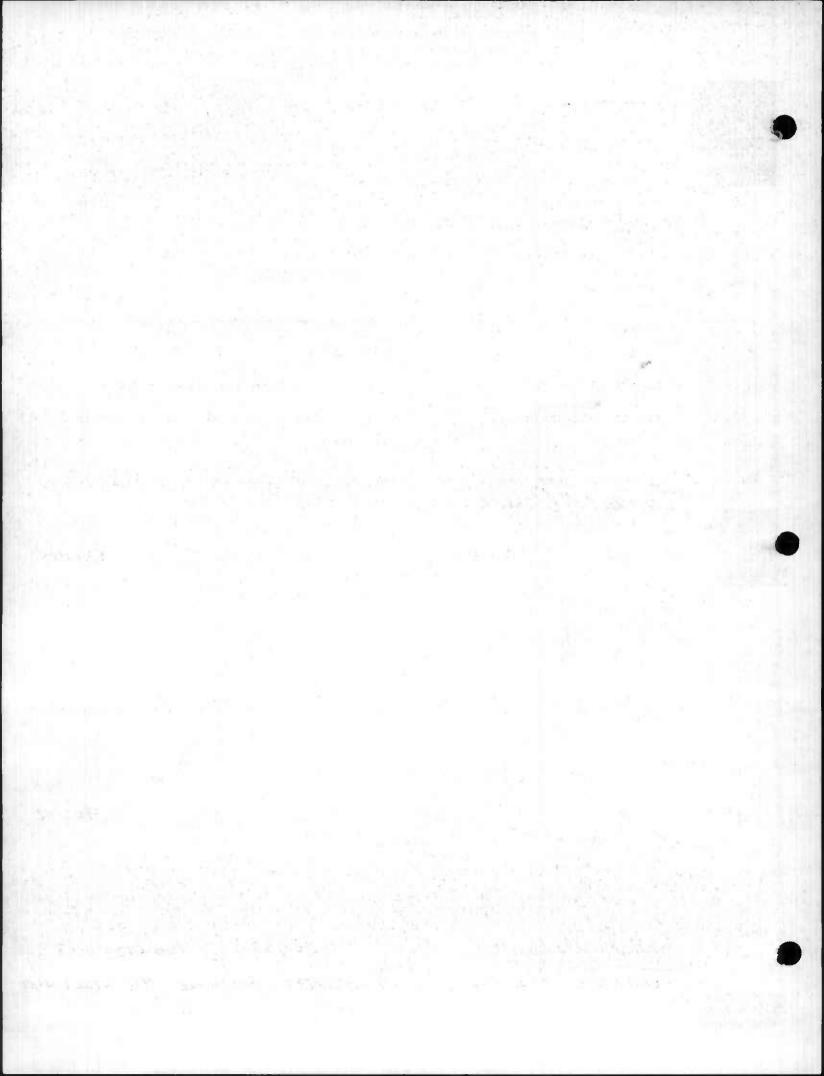
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 35 March /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Baltimore City Joseph Richie Hospice Baltimore 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 41 | Yrs. | Months | Days | Hours | Min. | Jan. 16, 1957 5. Social Security Number 578-80-7445 9. Birthplace (State or Foreign Country) Texas **Funeral** 1□M 2⊠F Director Usual Residence of Decedent with the Manylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at 1 Yes 2X No Director Maryland Prince Georges Capitol Heights 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6000 Addison Road 20743 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 la marked other than "natural", or flee eny Injury or other traumatic event. It a second 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White P 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Sales Clerk Retail 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Robert Cletus Brady Barbara Ann Waldrohm Dater 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barbara Waldrohm/mother 6000 Addison Road, Capitol Heights, Maryland20743 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 Other (Specify) 21. Signature of preval Service Licensee, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Part 1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onset end Deeth **Physician** /Medical Immediate Cause (Final ALDS disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last and Due to (or as a consequence of): Box 68760. attending physician Physician/Medical Due to (or es e consequence of): S ŏ P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Records. by 8 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy has page 2 certificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify Ho SICE 1 Yes 2 No To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 PNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be Location (Straet and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier completaly (Check only 29b. Sonature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D06933 e-and address of person who completed cause of death (Item 23a) (Type, Print) JOHNB MACGIBBON MD 101 W READ STREET BALTMORE MD 21201-4901 31. Date filed (Month, Day, Year)

State Registrar

MAR 3 1 1998

12 Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Year March 16, 1998 11:05 AM 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Nyrsing Centy 6. Sex 7. Aga (In yrs. la Baltmore
If Under 1 Year If Under 24 Hrs. 8. Dal North Wes 5. Social Security Number Birthplace (State or Foreign Country), 7. Aga (In yrs. last birthday) Days 578-52-016 Usual Residence of Decedent d Yrs. Wash. 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nas 2 No Maryland Baltimore City Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4601 Pall Mall Road 21215 U.S.A. 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Statusinknown 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dalas: Black. 1 ☐ Yes 2 ☒ No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) William Taylor, Sr. Lillian Costley 19a. Intermant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Slala 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 □Donation 5 ☑Other (Specify) in State ²² Nama and Address of Facility State Anatomy Board, 655 W. Baltimore Street Ronald S., Wade Director anow Kull Baltimore, Maryland 21201 23a. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) 6 mon Due to (or as a consequence of) Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1X Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24e. Wes an autopsy performed?

Physician /Medical Examiner

physician and the burial-transit

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signed by the a d be detached f

peeu has page 2 certificate

director,

funeral

after death.

Director: After this certifica

24 hours a Hospital 24 hours a

within 2 To the

requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

Be

2

Certification:

Medical

Physician

Examiner

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Improment: If item 27 is marked other than "natural", or items 23e or 28e-4 show more injury or other trained ownly. The Medical Exprinse main by notified at

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23s or traumstic event, the Medical Examinar must be to

/Medicai

10a State

Director

Funeral

à

Completed

Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in daalh) Last

2 No 26. Place of Death (Check only one)

1 ☐ Yes 2 No

25. Was casa referred to medicai 1 Yas 2 No 27. Manner of Deeth

6 Could not be determined

Amotun M. Wacem

28a. Date of Injury (Month, Day Year) 5 Pending invastigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office bullding, atc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: Mursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29a. Certifier (Check only one)

1 Natural

2 Accident

3 Suicide

4 D Homicide

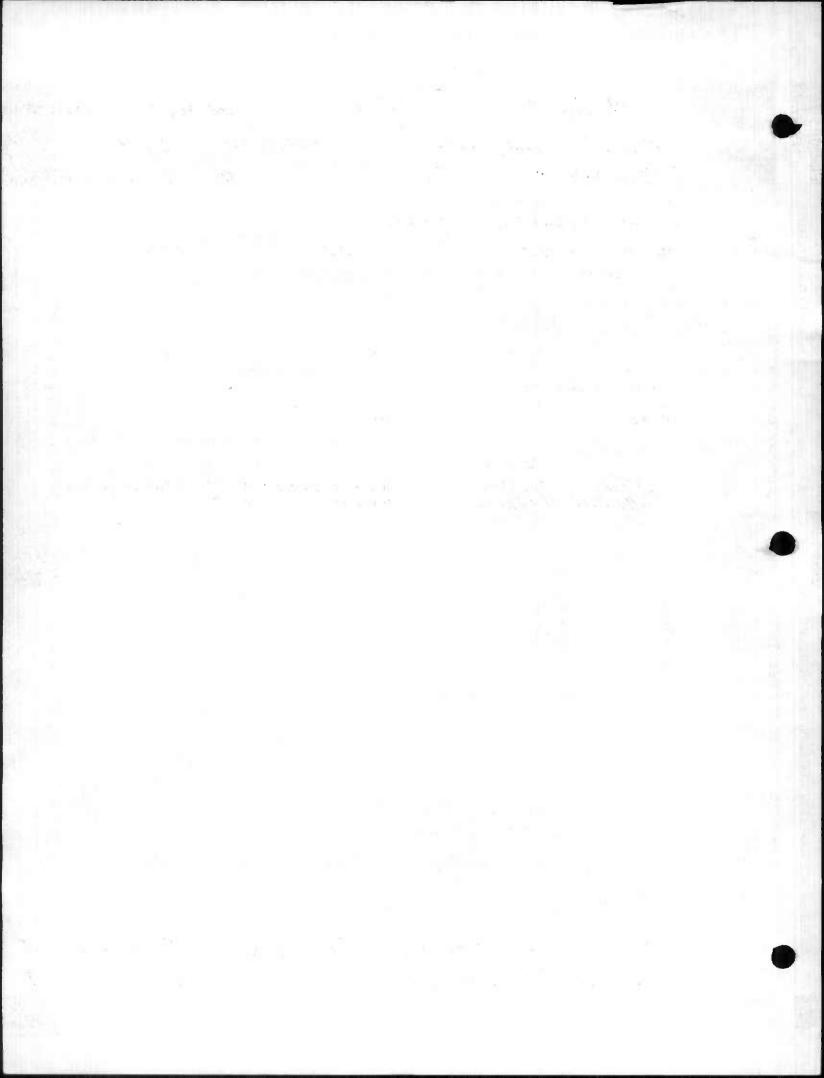
12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.
2 Wedicat Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha time, data and place, and due to the cause(s) end manner stated.

29b. Signatura and titla of certifier

30. Name and address of person who completed cause of deeth (Item 23a) (Type Print) AMATUH H NACEM, SOL

State Registrar 31. Date tiled (Month, Dey, Year)

932, Registrar's Signature
Tunca Davidson-handell



CLARENCE ASP	TEMPLE State of Maryland / Department of Header Temple Certificate of Department	alth and Mental Hygiene						
Physician - /Medical Examiner	1. Decedent's Nama (First, Middla, Last) CLARENCE TEMPLE JR 4a Facility Nama (If not institution, give street and number) 4b.	2. Date of Death Month Day Year MARCH 25 1998 1:21 A City, Town, or Location of Death Ac. County of Death N/A BALTIMORE						
Funeral Director	5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year 1	Under 24 Hrs. 8. Date of Birth Hours Min. 9. Birthplace (State or Foraig Country) MPRYLAND						
with the Maryland a or 28a-f show the routing at	10a. State 10th County 10c. City, Town or Location BALTIMORE	10d. Inside City Limits 1 ☑ Yes 2 □ No						
of uter deeth with the Mauriter deeth with the Mauriter 23e or 28ad e or 28ad e ordered ordered Precedor Funeral Director	10e. Streef and Number 709 N. FULTON AVE. 10f. Zip Coda 2/2/	/						
Urs aurs a	1 Never Married 2 Married 1 Yes 2 No	anic Origin? (Specify Yas or No- Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. Specify: Specify: L L						
yland 21215-0020 uid be filed within 72 hours af wheal Hygians, or rised other than "natural", or tic avent, the Medical Exam To Be Completed by F	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done durn life. DO NOT use retired) STUDENT	ing most of working 16b. Kind of Business/Industry						
Maryland 2 d 2 should be filed th and Mental Hygi 7 te merked other treumetic event, To Be Co		3. Mother's Name (First, Middle, Maiden Sumame) OANNE DAVIS						
Mary nd 2 sho lith and I	ROSA LINDBEY (GRANDMOTHER) 3001 WYLIE	A VE. BALTIMORE, mD. 21215						
Baltimore, samit. Pages 1 ar Separtment of Has mportant: if them inty Injury or other ance.	20a. Method of Disposition 1	PK. 380/98 BACTINIORE, MD						
Baltim pamit. Pag Department important: eny injury once.	Norwha Kecta CFSP 1721-27 N.1	MONROE ST. BACTO, MD 2,217						
Physician /Medical Examiner	23a. Part 1. Enter tha diseasa, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Author guesto for as a consequence of):	Onset and Death						
60, be executed ician and bunal-transit al Examiner	Sequentially list conditions, I fany, leading to immediate cause. Enter Underlying							
- a 5 a O	that initiated events Due to (or as a consequence of): d.							
P.O. hat the deteched by the deteched	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given	in Part I. 23b. Did tobacco use contribute to the cause of death						
If Records, The lew requires the ata has been signe page 2 should be completed by		24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? 12 Yes 2 \(\text{No} \) 11 Yes 2 \(\text{No} \)						

Division of Vita

Certification: To Be Medical

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartific complataly filled in by the funeral director.

25. Was case referred to medical examiner?
1 1√2 Yes 2 □ No 27. Manner of Death 1 Natural 2 Accident
3 Suicide
4 Homicide 29a. Certifier (Check only one)

State

THEOPERE M. KIN 31. Date filed (Month, Day, Year)

29b. Signature and title of cartifier

5 Pending investigation

6 ☐ Could not be determined

29c. License number

O.C.M.E

28c. Injury at Work?

1 Yes 2 No

STEEL Fair mont, Bullmore Many

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Dafa signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State) 2500 West

MARCH 25, 1998

30. Name and address of person who completed cause of the ath (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

32. Registrar's Signature relia Davidson Bondoll MAR 31

28a. Date of Injury (Month, Day Year)

3/25/98

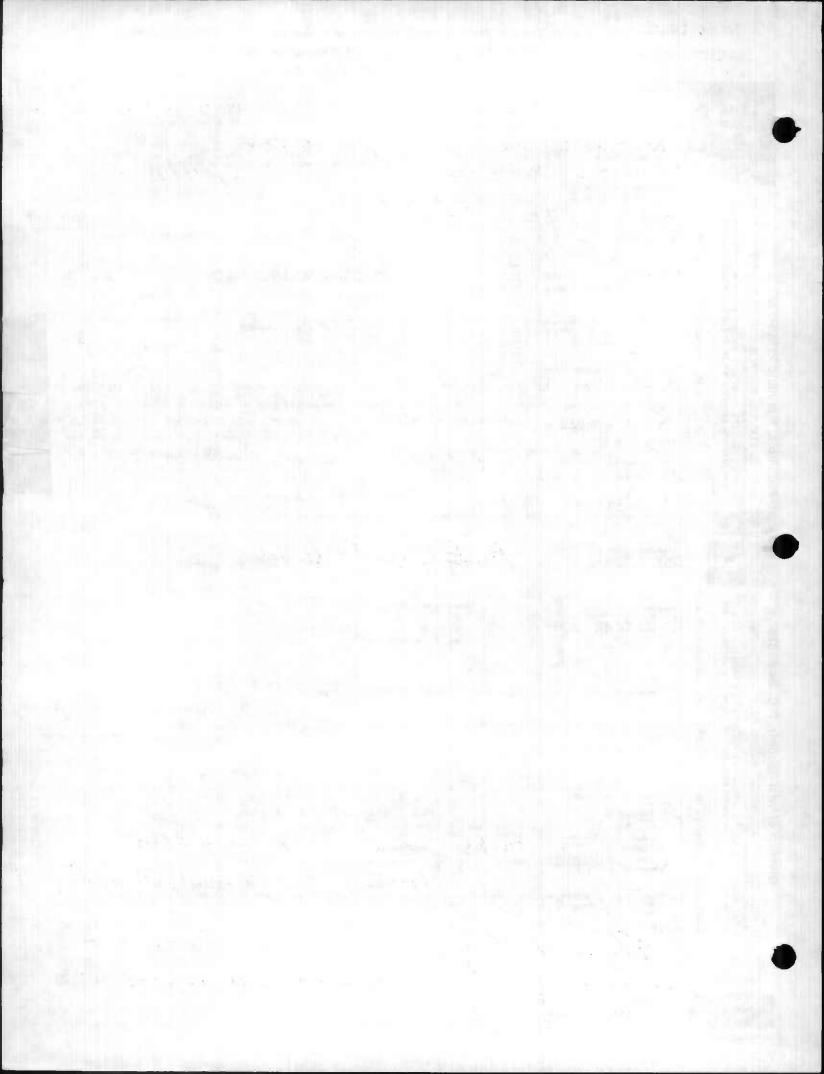
Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of injury

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

unKnown

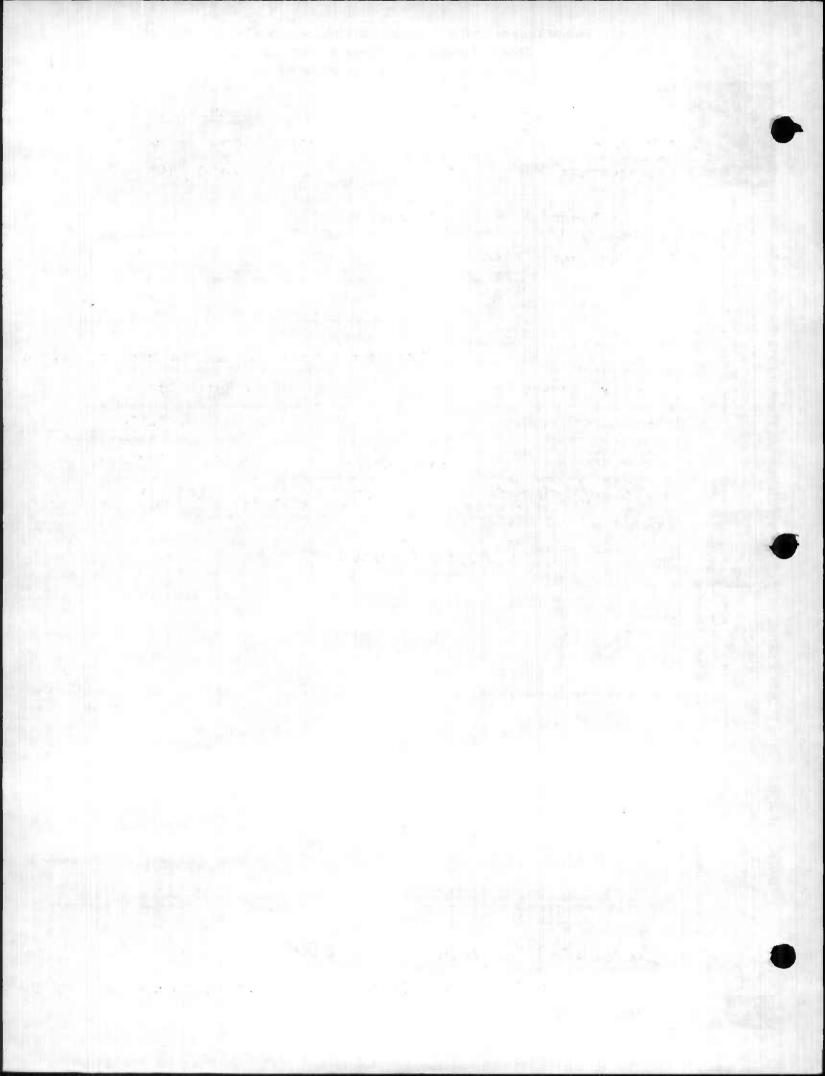
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State of Maryland / Department of Health and Mental Hygiene Q Q Q C I

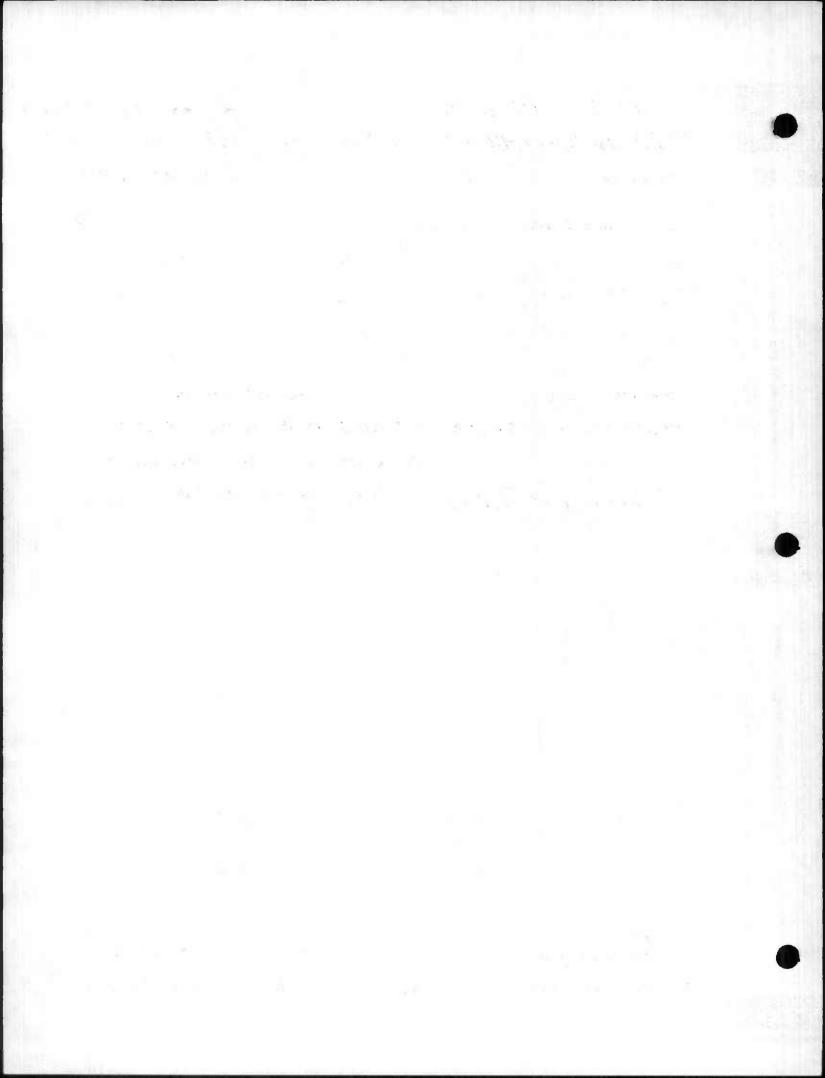
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	nysiçian Medical	Cha	rles Leroy	Teal				30, 1998	2:35	PM
T	xaminer	4a Facility Neme (If not institution, g	ive street end number)		4b. City, Town, or	Location of Deat	h 4c. County o		
A)		4945 Montgomery	Road			Ellicot	t City	Howa	rd	
	neral	5. Social Security Number 6. 214-26-4285	Sex. 7. A	ge (In yrs. lest bi	rthday) If Under 1 Y Yrs. Months D	ear If Under 24 Hrs eys Hours Min.	8. Date of Bir (Month, De AUG O	6, 1928	Birthplace (Ste. Country)	_
	ector	Usuet Residence of Decedent		0,9			AUG U	0, 1720	Marylan	10
dand	14	10e. Stete 10b. County		10c. City, Tow					10d. Inside	City Limits
Man	To io	MD Howar	ď	E11:	icott Ci	ty			1 D Y	es No
th the	re not	10e. Street end Number			10f. Zlp Co	de		10g. Citizen of W	het Country?	
th wil	ale	4945 Montgome	ry Road		21	043		US	SA .	
r dea	iner must be notified Funeral Director	11. Maritel Stetus	12. Wes Decedent Armed Forces		13. Wes Decedent If Yes, specify	of Hispanic Origin? (S Cuben, Mexicen, Puer	pecify Yes or No o Rican, etc.)	- 14. Reca Bteck	- American Indian , White, etc.	1,
d 21215-0020 diled within 72 hours after death with the Manyland Hygiene. thysiene. The mas 23e or 28e-1 show	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 2 ☐ If Yes, Give Year or Detes:	No	1□Yes 🏋			Specify:	White	e
15-002 n 72 hours	fical fical	15. Decedent's (Specify only highest of	Education	16e	Decedent's Usual O	ccupetion	rkina	16b. Kind of Bus	siness/Industry	
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Baltimore, bemit. Peges 1 at Department of Hear	000	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spec			ary, cremetory or othe	1	03/31/98	Roltin	nore, M	D
Baltimo permit. Peg Department important: if	Inju	21. Signature PFunerai Service Lie		metro	Cremator 22. Neme and A	ddress of Fecility	03/31/30	Dalti	iore, m.	D
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	<u>ة</u>	PERMITTED N		Due to (or as e	consequence of):					
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Records, P.O. Box 687 he lew requires that the death certificates he best been signed by the ettending phys	d be						24a Wa	s en eutopsy	24b. Were eutop	sv findings
Cor requ	page 2 should						perf	ormed?	avaliable pr completion	rior to
I Rec	N Q							30	of deeth?	
= F #	ag S		_					Yes 2 No	1 🗆 Yes	2LJ No
of Vital Physician: Ti	director, page To Be Com	25. Wes case referred to medicet examiner? 1 Yes 2 No	Hospitel:			Othor	ath (Check only		10 11	
Phy Of	0	27. Manner of Deeth		ient 2 ER/O		Injury at Work?		how Injury occurre		
Division or Attending F efter death. Director: After	fune tlor	1 X Naturai 5 ☐ Pending 2 ☐ Accident investigat	28e. Dete of Inj (Month, De	ey Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No				
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Div A sefter	led in by the funer Certification:	4 Homicide	building, e	(C. (Specify)			City or To	own, State)		
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H 3 F	٥	NI.R	V-tl.			D50500		March 3	30 100	8
,		30. Neme and eddress of person wh	a completed course of	death (from 22a)		20000		Haren .	, 199	
6	7	Frederick B.				hn's Ione	Suita 1	Ellicott	City N	m 210/
	State	31. Date filed (Month, Dey, Year)	32/Regist	raris Signature	S Ass	ur a Dane	outre 1	FILLCOLL	LILY, M	III_ZIU
Re	egistrar	MAR 3 1 199	8 guila	trans Signature	jandelle					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene (1.0)

				State of Maryle		ertificate of			Reg. No.	09	952
	Physici /Medio		1. Decedent's Neme (First, Middle, Las	TUCKER	2			2. Date of De Month	ath Dey 9	8 2 2	Time of Death
	Examin		4e. Facility Neme (If not institution, give FRANKUN WO	X C DIDILO	SELL	BCARE	4b. City, Town, or BAL	Location of Death		of Deeth	ORE
	Funeral Director		5. Social Security Number 6. Security Number 11 223–09–3193 Usual Residence of Decedent	7. Age (In y.	rs. lest birthday Yrs.	Months Days			th by, Year) 1902	9. Birthplace Country) Virgin:	(State or Foreign ia
	show		10e. State 10b. County	10c.	City, Town or L	ocation				10d. i	nside City Limits
	Sa-f s	Director	MD Anne Aru	ndel Anı	napolis						Yes 2 No
	with it		10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country?	
	death	Funeral	625 Harbor Drive 11. Maritai Status	12. Was Decedent Ever in	U,S. 13.	214(Was Decedent of if Yes, specify Cub		Specify Yes or No	USA 14. Rac	e - American fr	ndian,
020	n 72 hours efter death with the Maryland "natural", or items 23a or 28a-f show solical Examinat mail be notified at	by	1 Never Married 2 Married 3 ☑ Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		If Yes, specify Cub 1 ☐ Yes 2 🛣 No		rto Ricen, etc.)		k, White, etc. White	
21215-0020	within sna. than	Completed	15. Decedent's Ed (Specify only highest gree Elementary/Secondery (0-12)	ucation de com <i>pleted)</i> Coilege (1-4or 5+)	(Give	edent's Usual Occu e kind of work done DO NOT use retire	pation during most of wo ed)	orking	18b. Kind of Bu		у
	H the	Be Co	17. Fether's Name (First, Middle, Last)		Hom	emaker	18. Mother's Na	me (First, Middle,	Own H , Maiden Surnarr		
Maryland	should band marked	ToB	James Robert Gray 19a. Informant's Name/Reletionship (7	ype, Print)	19b. Mail	ling Address (Stree		Lee Dav		State, Zip Cod	fe)
	nd 2 lith a 27 le r tra		Margaret Schneide			Wicomico		Baltimore	e, MD 21	221	
Baltimore,	Pages 1 en ment of Heal ent: If Item 2 ury or other		20a. Method of Disposition 1 ☐ Burlei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	demover from State		osition (Name of emetory or other place)		3/28	20c. Location - Brentwoo	10 11/25 (10)	State
Balt	permit. Pages Department of I Important: If ite any injury or of		21. Signature of Funeral Service Licens) 4/		22. Neme end Address	r Funoral	L Home, 1	P.A.		
			23a. Part1. Enter the disease, or comp shock, or heert failure. List only of	lications that caused the dene cause on each line.	eath. Do not en	nter the mode of dy	ing, such as cardia	ic or respiratory a	rest,	App Inte	proximate prval Between
п	Physiclan /Medical Examiner		immediate Cause (Final disease or condition resulting in death)	. Oel	erui	m				One	set end Death
	pe #	Examiner		b. Chro	(or es a conse	enal	Ensug	ficier	ly		
,60	Maria Modern		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	c. Diale	(or es e conse	Mellit	Tus	<i>y</i>	0		
	ding physe as the	/Medical	that initiated events resulting in death) Last	Due to	(or as a conse	quence of):					
. Box	death cert	iciar	Part ff. Other aigniffcant conditions co	ntributing to death but not r	esulting in the	underlying cause of	ven in Part i	23h Did	tobacco usa co	ntribute to the	cause of death?
S, P.O	requires that the death cert een signed by the ettendin hould be detached for use	by Physician/M	Coronary	artery	Olse	ore	voir iir atti.		Yee 2□ No		y 4 DUnknown
Records,	2 S S	Completed		0					an autopsy ormed?	availab	utopsy findings le prior to ition of ceuse h?
=	The ate h	Com						10	Yes 2 No	1 □ Ye	s 2 No
Vital	Physician: The this certificate ral director, pag	Be c	25. Was case referred to medical examiner?	Hospital:		Ot	her	eath (Check only			
of	Phys eral di	n: To	27. Menner of Death	28a. Date of fnjury	ER/Outpatie	INT 3LL DOA	4 ps Nursing	Home 5 Resi	dence 8 Doth how injury occur		
lon	Attending or death. ector: After by the fune	ation	1 Matural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Year)	Injury		ork?]Yes 2 □ No				
Division	To the Hospital or Attending Physical within 24 hours after death. To the Funeral Director After this completely filled in by the funeral d	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injury - Al building, etc. (Spe		treet, fectory, office		28f. Location (City or To	Street end Numb wn, State)	er or Rural Ro	ute Number,
	Hosp 24 hou Funer staly fill	edicai	29a. Certifier 1	sician: To the best of my k iner: On the basis of exami end menner stated.	nowledge, dea nation and/or Ir	th occurred at the ti	ime, date and place opinion, deeth occ	e, end due to the urred et the time,	cause(s) and ma date end plece,	anner as stated and due to the	i. cause(s)
	To the Within 2 To the comple	Me	29b. Signature and title of certifier	one morner states.		29c. Licen	se number		29d. Dete signe	d (Month, Dey,	Year)
			less of sold	"M.D		Do	5075	7	3.2	1.98	
	8		30. Name and address of person who of A N 'Rala pak'. 91	ompleted cause of death (II	em 23a) (Type	, Print)				21237	
			31. Date filed (Month, Day, Year)	32. Registrar's Sig			MILIM	וטאפי ע	1 14 6	rid 21	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item#26 per Phy G757 3/31/98 EW Item#10**0**,16a,16b per Inf. G757 3/31/98EW Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** EAGLE USAN /Medical 4a. Facility Name (If not institution, give street and number) 37 ERICKSON RD, CABIN 4b. City, Town, or Location of Death 4c. County of Death Examiner JOHN 7. Age (In yrs. last birthday) Furieral 579-05 1 M 2 F Days Director Usuai Rasidanca of Dacadant the Maryland 10a. Stata 10b. County 28a-f show 10c. City, Town or Location 10d. Inside City Limits MD CABIN JOHN Director 1 No 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ U.S. 234 Funeral items : 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - American Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours after 1 ☐ Nevar Married 2 ☐ Married 9 1□Yes 2No 21215-0020 Specify: Be Completed by Specify: WHITE 3 Widowad 4 □ Divorced "natural" 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 8TH GRADE College (1-4or 5+) Hygiene. Housewife Her Home traumetic event, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Peges 1 and 2 should be nent of Health end Mental (UNKNOWN) UNKNOWN 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) : if item 27 is r DEFFERSON, MD, 21753 DOUGLAS F. TEAGLE 3500 OVERLEA CT. Baltimore, 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata FREDERICK, MD. permit. Pege Department RESTHAVEN MEMORIAL GARDENS 030998 Important: I 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Name and Addrass of Fo 21. Signatura of Euneral Service Licenses FAMILY MEMBER TEAGLE DOUGLAS Jefferson, md 21755 SONI 3500 overlea 23a. Part1. Enter the diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death **Physician** /Medicai Immediata Cause (Final INFARCTION · MYOCARDIAL disaase or condition rasulting in death) Examiner Examiner Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? 1 Yas 2 No 1 □ Yas 2 □ No Vital Be 25. Was case refarred to medical 26. Placa of Death (Check only one) axaminar? 2 Othar: 4 ☐ Nursing Homa 5 🖾 Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No ŏ 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Magnar of Death 28b. Tima of 28d. Dascribe how Injury occurred After 5 Pending investigation Attending 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant after death Director: 6 Could not ba 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours To the Funeral to Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signatura and title of conflict 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who eath (Itam 23a) (Type, Print) NWOOD RD BETHESDA MO 10215

32. Registrar's Signal

Registrar

State

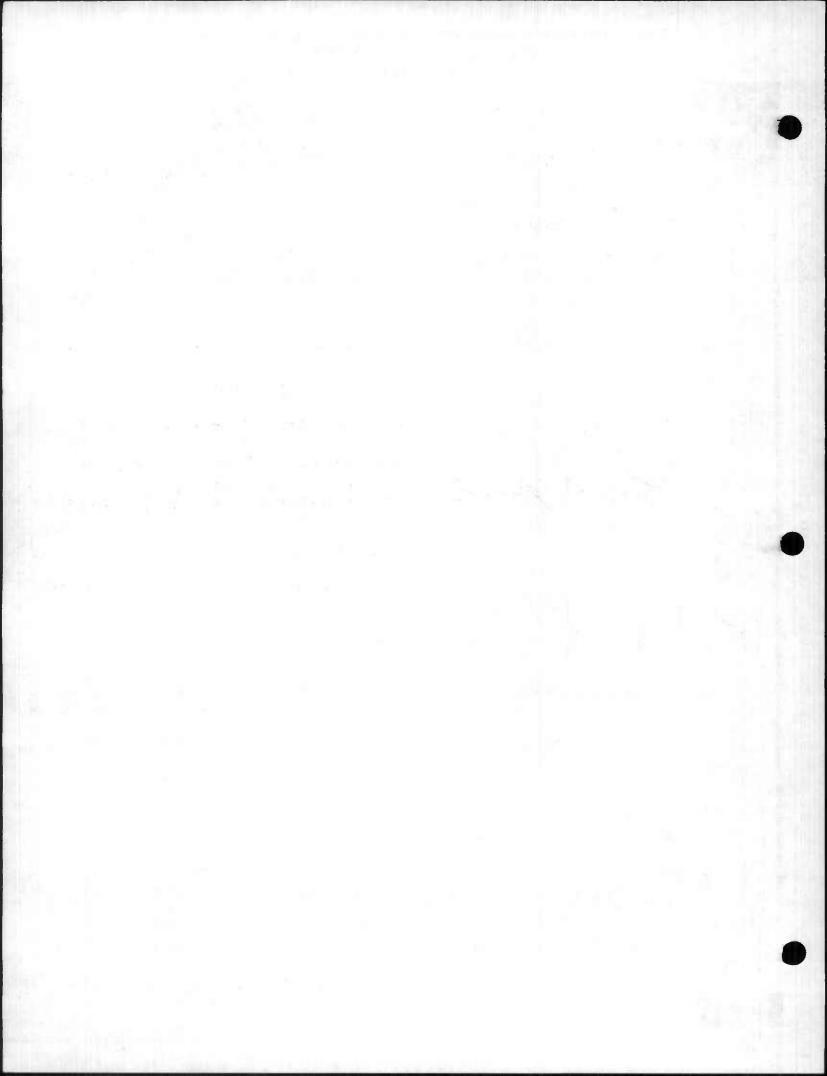
11. Data filed (Month, Day, Year) MAR 3

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State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, La	st)		Certii	ficate of	Dealli	2. Dete of Deet	eg. No.		3. Time of Dea	ath
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	ya #		10a. Stete 10b. County		10c. City,	Town or Locati	on				1	0d. Inside City Li	mits
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	th the	lrec	10e. Street and Number				10f. Zip Code		1	0g. Citizen of W	/hat Cour	itry?	
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21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-f show oreal Examiner must be nutriled at	by Funeral Director	11. Maritel Stetus 1 Never Married 2X Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Tyes 2 M If Yes, Give Yeer or Detas:			Decedant of I es, specify Cub Yas 2 XNo	dispanto Origin? (Si en, Mexican, Puert Specify:	pecify Yas or No- p Rican, atc.)	14. Race Bleck Specify:	k, White,	ean Indien, etc. hite	
5-0	natural,	ted	15. Decedent's Ed (Specify only highest gra	ducation		16e. Decedent	's Usual Occup	pation during most of wor d)	kina	16b. Kind of Bu	siness/inc	dustry	
121	5 9	Completed	Elementary/Secondery (0-12)	College (1-4or 5	5+) T	lite. DO	NOT use retire	Enginee	r 7	olowi.	ai on	Stati	0.00
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ore	ges 1 an it of Heal if Item 2 or other		20a. Method of Disposition 1 ☐ Burlel 2 ☑ Cremetion 3 ☐		20h, Pla	netery, cremeto	on (Nema of			20c. Location -			
im	nit. Pag extment ortant: H Injury o		4 Donetion 5 Other (Specif	y)	Met	cro Crem	natory,	Inc.	03/28/98	Baltin	nore	, MD	
Baltimore,	permit. Pages 'Depertment of H Important: if ite any injury or of once.		21. Signeture Tuneral Sarvice I cer	1500	0	22 Na	ame and Addre	ess of Fecility On Socie					
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			23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications thet caused one ceuse on eech ili	the death. ne.	Do not enter th	ne mode of dyl	ng, such as cardiac	or respiratory arm	est,		Approximeta Intervel Between Onsat and Deatl	n
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of Vital Records,	aw requisite been 2 should	Completed							24a. Wes e perform	n eutopsy ned?	ava	ere eutopsy findin ailabla prior to mpletion of cause death?	
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uo	Jing F Aftar funer	ton	27. Mannar of Deeth 1. Neturel 5 Pending investigation	28e. Date of Injui	y Year)	28b. Tima of Injury	28c. Inju Wo M 1	ryet rk? Yes 2 □ No	28d. Describe ho	w injury occurr	90		
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	n 24 h	edical	(Check only 2 Medical Exam	niner: On the basis of end menner ste	examinetio	on end/or Investi	igetion, in my o	pinion, deeth occu	rred et the time, de	ete end plece, s	nd due to	the cause(s)	
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	20		30. Name and address of person who				t) 1/2 -	12321-E Ivedere	0	0.11	4	110 0"	7 10
			Ellie G. Coher		240		1 120	ive dere	ALL B	altim	ore	MI) 4	415
	Sta Registr	_	31. Dete filed (Month, Dey, Year)	32 Registra	Signetu Augus	- Randall							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Tima of Death 2 Date of Death March William H. Wagner 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE ST. AGNES HOSPITAL If Under 1 Yaar | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days XXM 2DF Yrs. 213-05-1138 79 Aug. 8,1918 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYas 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2028 Grinnalds Avenue 21230 United States 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 X Yes 2 □ No if Yes, Give Yaar or Datas: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: white 3 □ Widowed 4 □ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done duning most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) 10 Cutter Garment 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Main Henry Wagner Matilda Mauerham 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21230 19a. Informant's Name/Relationship (Type, Print) Elaine S. Wagner, wife 2028 Grinnalds Avenue Baltimore, Maryland co of Disposition (Name of Data 200. Location - City or Town, Stata 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition ₩ Burial 2 Cremation 3 Removal from State Loudon Park Cemetery 4/1/98 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signal ure of Funeral Service Licentee 22. Name and Address of Facility Ambrose Funeral Home, Ind 1328 Sulphur Spring Road Inc. Arbutus oad Maryland 21227 23a. Part. Enter the disease, or complications that ceused the death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on aach lina. Approximate Interval Between Onset and Death DEHYDRATION Immediata Cause (Final 5 DAYS disease or condition resulting In death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Johnnown C.V.A 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? RENAL FAILURE 1 ☐ Yes 2 ₺ No 1 Yes 2 No 25. Was cesa rafarred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28c. tnjury at Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicide

Director:

Physician/Medical Examiner þ Completed Be Medical Certification: To

Physician

/Medical

Examiner

Funeral

Director

rai", or items 23a or 28a-f show Examiner must be notified at

"natural", or

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permit. Pages 1 and 2 should be filed within 7 Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "n any injury or other treumatic avent, it a Med once.

Physician

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Examiner

Director

Funeral

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72 hours efter

Baltimore, Maryland 21215-0020

To the Hospital of within 24 hours a To the Funeral D

29a. Certifier (Check only

31. Date filed (Month, Day, Year)

MAR 31 1998

State Registrar MEDICAL RESIDENT

29c. Licanse number P 11702

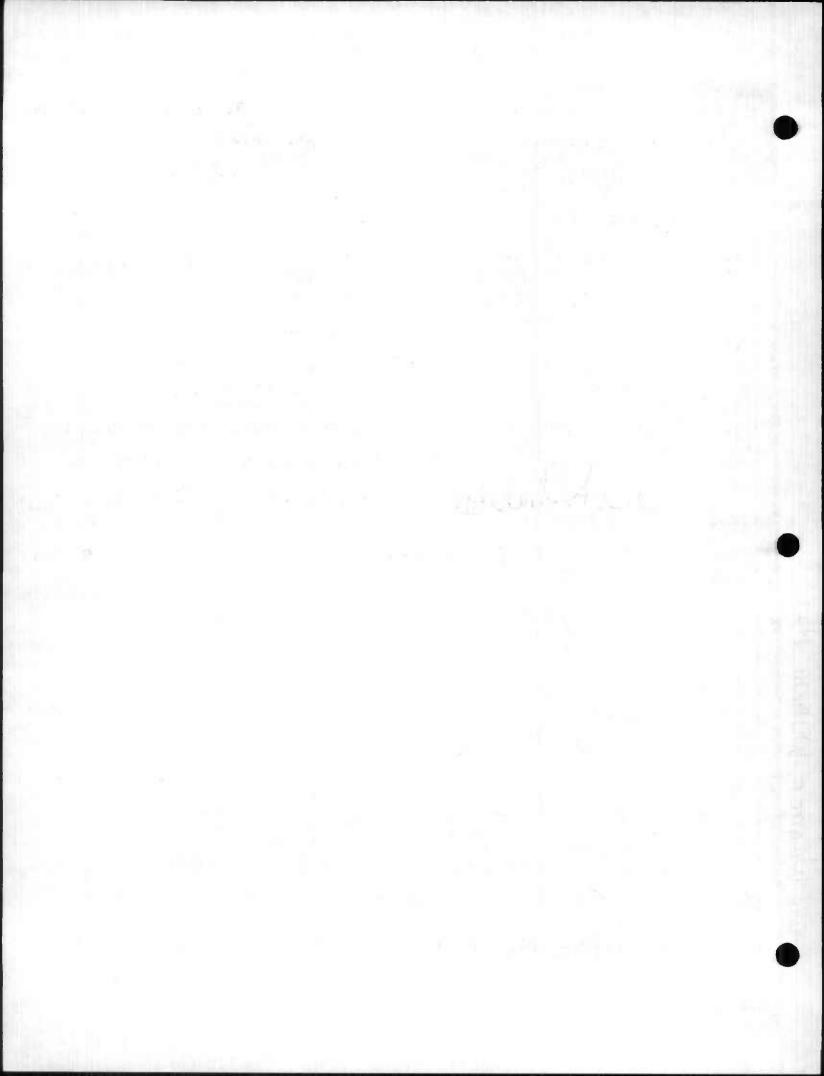
t 🗹 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) MARCH 29, 1998

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

DR. CHARLES C. MBONU, 900 CATON AVENUE BALTIMORE MD 21229

32 Registrario Signature Randalle



WRC 98-1705-510 MARIE E. WILSON

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department

t of Health and Mental F	lygiene (R	0	0	0	San San	
e of Death	Reg. No.	U	U	.)	J	V	

Baltimore, Maryland 21215-0020

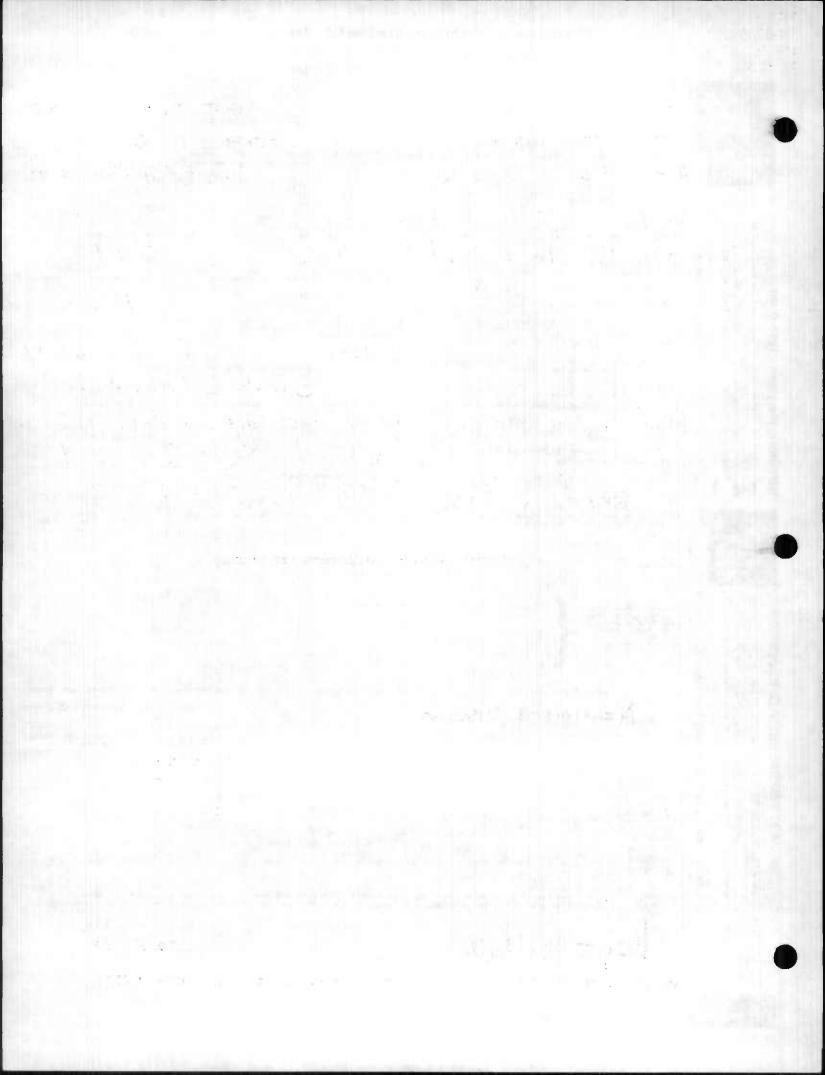
Division of Vital Records, P.O. Box 68760,

			Certificate of	f Death	Re	eg. No.		
	1. Decedant's Nama (First, Middla, Last)			2. Data of Daat Month		aar 3.	Tima of Death
hysician /Medical	Marie E	Wilson			MARCH	26, 199		: 25 PM
Examiner	4a Facility Nama (If not institution, give	street and number)		4b. City, Town, or	Location of Death	4c. County of	Death	
	3711 W. FOREST F	PARK AVE.		BALTI	MORE	N	A	
uneral	5. Social Sacurity Number 6. Sa	7. Aga (In yrs. last	Months Dav			Year)	9. Birthplaca	(Stata or Foreign
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show idet	Usual Rasidance of Decedent 10a. Stata 10b. County	10c. City, To	own or Location		-		10d. I	nside City Limits
ector	Maculant N/2	L D	saltimac	0			1	Yas 2□No
50	10e. Street and Number		10f. Zip Coda		10	0g. Citizen of Wh	nat Country?	
Funeral Director	2711 IN Enc	ort Park	A10 21	111		11	SA	
era	11. Marital Status	12. Was Decedant Evar in U.S.	13. Was Decedant of	Hispanic Origin? (S	Specify Yas or No-	14. Race -	- Amarican II	ndian,
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þ	3X Widowed 4 □ Div orced	If Yas, Giva Yaar or Datas:	1 ☐ Yas 2 ☐ N	o Specify:		Specify:	Blac	ct
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pie	(Specify only highest grad	Collega (1-4or 5+)	(Giva kind of work don lifa. DO NOT usa reti	e during most of wo red)	rking		1 6	- 1
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10	Frank Ca	rroll		Saro	in E.	Cami	Sag	
	19a. Informact's Name/Ralationship (T)	perpring Granddaughter)1	9b. Mailing Addrass (Stre	et and Number or R	ural Routa Number	City or Town,	tate, Zip Coo	da)
	Ms. Patricia	tender .	3'11 W.F	orest 1	ark AV	e. Dal	to, Me	1.2/21
	20a. Mathod of Disposition 1 ⊠ Burial 2 □ Cramation 3 □ F	(home	of Disposition (Nama of Itany, cramatory or other p	lace) /	4/2/00	20c. Location - C	ity or Town,	Stata
	4 Donation 5 Other (Specify)	Bal	to Nation	nal	113/98	Dalt	D. /V	ld.
ouce.	21. Signature of Funaral Sarvica Licans	aa // (/)	22, Nama and Add	Irass of Facility	Cunn	10-1 H	me	
d	Wileph/	L. KULL	12222	II NOT	A Avie	13	m. m.	21216
	23a. Part / Entar tha diseasa, or compleshock, or heart failure. List only of	ications that causad the death. D	o not antar tha moda of d	ying, such as cardia	c or raspiratory arr	ast,	App	proximata arval Batween
an							On	sat and Death
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Examiner	Sequantially list conditions, if any, leading to immediate	Dua to (or as	a consequanca of):					
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by Physician	Azheime	r's Diseaser			t LI Y	es 2 No 3	3 Probabl	y 4)© Unknow
Q D					24a. Was a	n autopsy	24b. Wara a	autopsy findings
ete					perion	nad?	availab comple of daat	ola prior to ation of causa
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To	1X Yas 2 No	1 Unpatient 2 LER/	Outpatient 3LI DOA	4 Li Mulaing i	Homa SORasida	ance 8 Othar ow injury occurre		
tion	1XX atural 5 Panding	(Month, Day Year)	Injury W	ork? ☐ Yas 2☐ No	acc. Dasonos III			
licat	3 Suicida 6 Could not be	28a, Place of Injury - At home				traat and Number	r or Rural Ro	outa Number,
PITIE	4 Homicida datarmined	28a. Place of Injury - At homa, building, atc. (Spacify)	,, onder, rectory, onto		City or Town			
Medical Certification:	29a. Cartifiar 1 Certifying Phys	sician: To the bast of my knowled	doa, death occurred at the	tima, data and plac	a, and dua to the ca	ausa(s) and man	nar as stated	d.
dice		ner: On the basis of axamination and manner stated.						
M	29b. Signature and titla of certifiar	. 1/	29c. Lica	nsa number	2	9d. Data signed	(Month, Day	Year)
	1000	0110	0	.C.M.E.	N	IARCH 27	, 1998	3
	30 Name and address of some	emploted course of death (tree on			1			
	30. Nama and addrast of person who co		.11 Penn Str	eet. Balt	imore. Ma	ryland :	21201	
	THE GOLLEG MOLGEL		LE LUMI ULL	JULY MILL	- IN LIVE	AND THE PERSON NAMED IN		

State Registrar

31. Data filed (Month, Day, Year) MAR 3 1 1998

32. Aggistrar's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death WHEATley AMES 11:50 Am /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner HOS If Under 1 Year imor 5. Social Security Number 6. Sex 1 M 2 □ F If Under 24 Hrs. 7. Age (In yrs. last birthday) Bir place (State or Foreign Country) Days -46-5420 Months Hours 5 Usual Residence of Decedent 10a State 10b. County 10d. inside City Limits Maryland 12 Yes 2 No Director more 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code nroe Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, Whita, atc. 11. Marifal Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☑ Divorced Hmerican Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
Nife, DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) Be ohr 19a. informant's Name/Ralationship (Type, Print) (Ex wife) 19b. Mailing Address (Street and Number or Rural Route Number, City or 48 11055 Ito. 20e. Method of Disposition

1 A Burial 2 Cremation 3 R

4 Donation 5 Other (Specify) 20b. Placa of Disposition (Name of cometery, crematory or other pla 20c. Location - City or Town, Stete / Date 3 Removal from Stata 21. Signature of Funeral Service Licanse Name and Address of Fecility Joseph S nera 2 North Md. 21216 bease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, thiura. List only one cause on aach lina. Approximata Interval Between Onset and Death immadiata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants resulting in daath) Lesf Multiple Due to (or as e consequence of): Part ii. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to the causa of death? 1 Yas 2 No 2 Probably 4 Unknown 24b. Wara autopsy findings aveileble prior fo completion of cause of daath? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence Hospital: 1 ☐ Yes 2 ☐ 410 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? - Ivaturei 5 Pending investigation 1 Yes 2 | No 2 Accident

Examiner ettending physician and for use es the bunal-transit The law requires that the death certificate be executed P.O. Box 68760. should be dete Records, pege 2 s Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to

Physician /Medical

Physician

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural". or liverany figures or other traumetic event "second pages.

Physician/Medical Examiner Be Completed by Certification: To

Medical

State

Registrar

6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Cartifiar 📇 Cortifying Phyalcian: To tha best of my knowledga, death occurred at the tima, data and place, and dua to tha causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to the causa(s) and menner stated. (Check only one) 29b. Signature and tifle of certifier 29c. License number 29d. Date signed (Month, Day, Year)

D13006

30. Name and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)

Powe Road St. 101 32. Ragistrar's Signeture

31. Date filed (Month, Day, Year)

Likia Tairidson Randass

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** March Wener /Medical 4e. Fecility Nerre (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner OAK CREST VILLAGE CARE CENTER PARKVILLE BALTIMORE If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1**X**0 M 2□ F Yrs Director 212-03-4829 91 APR. 18, 1906 MARYLAND Usual Residence of Decedent 10e State r than "natural", or items 23s or 28a-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits MD BALTIMORE Director PARKVILLE 1 Yes 2 No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8810 WALTHER BLVD., APT. 1517 21234 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 1 Never Merried 20 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. WHITE p 3 ☐ Widowed 4 ☐ Divorced Specify: Hygiene. other than "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (t-4or 5+) permit. Peges 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: If Item 27 is marked other that any Injury or other traumetic avent, the police. **GROCER** FOOD 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) SAMUEL WEINER FANNIE ADLER. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MRS. LILLIAN WEINER (WIFE) 8810 WALTHER BLVD., APT. 1517 PARKVILLE, MD 21234 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) HEBREW YOUNG MEN 3/25/1998 BALTIMORE, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, WOOR 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Physician Congestive heart failure /Medical Immediate Cause (Finel ~ Zweeks disease or condition resulting in deeth) Examiner Physician/Medical Examiner Aortic Stenusiv ~ years Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Atrial Fibrillation t ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings evelleble prior to completion of cause of death? Be Completed 24a. Wes en eutopsy performed? certificate t ☐ Yes 2 1 No 1 Yes 2 No 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ InpatIent 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2€No Other: AS Nursing Home 5 Residence 8 Other (Specify) Certification: To s after death.

I Director: After this od in by the funeral di After this 27. Menner of Deeth 28c. Injury et Work? 26b. Time of 28d. Describe how Injury occurred 1 Meturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) lilled in by 4 Homlcide

P.O. Box 68760 Records, of Vital or Attending Physician: Division To the Hospital o. within 24 hours aft To the Funeral Di

29b. Signeture end title of certifier

29c. License number

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. The second is the past of my knowledge, death occurred at the time, date and piece, and due to the causa(s) and mention as states.

2 ☐ Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated.

> 29d. Dete signed (Month, Dey, Year) March 24, 1998

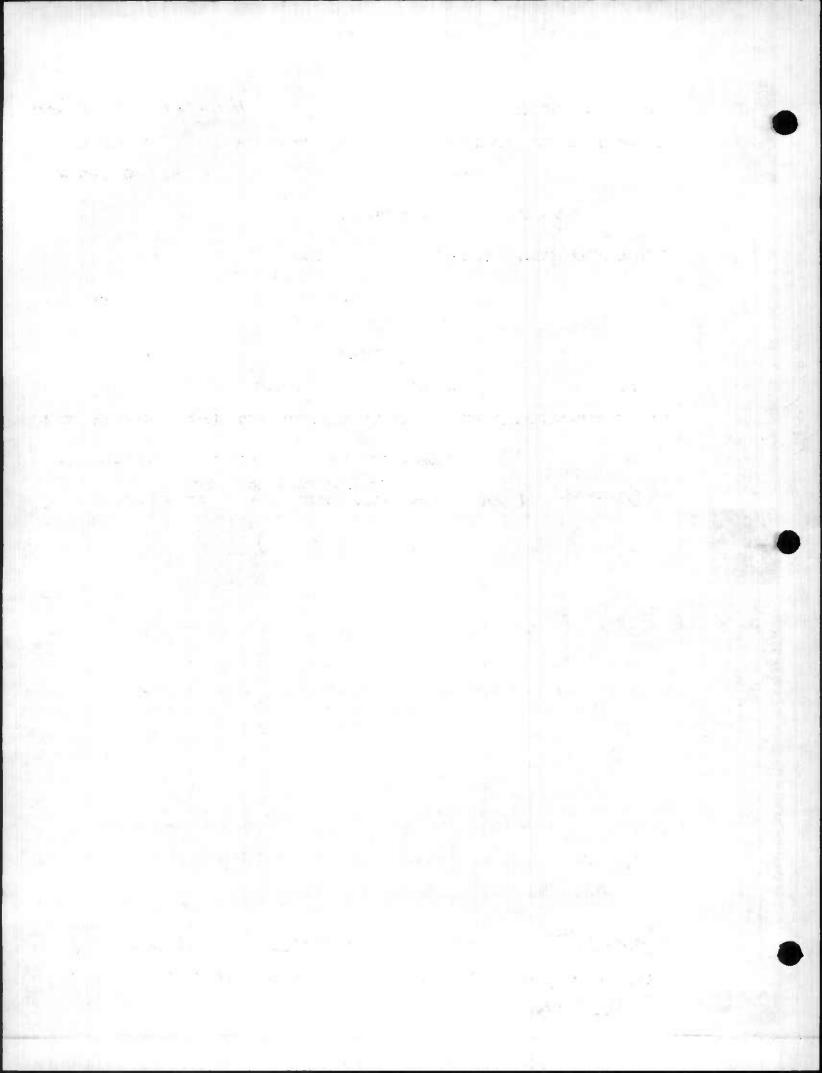
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
Michael Haper, w 8800 Walther Boulevard, Parkville, MD 21234 Michael Happer 31. Dete filed (Month Pay, Year) 1998

State Registrar

Medical

29e. Certifier

32. Registrar's Signeture Julia Davidson-Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death **Physician** Month Mary Elizabeth Watson MARCH /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Fallston General Hospital Fallston Harford 7. Aga (In yrs. last birthdey) If Undar 1 Yeer If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Sept. 26, 1911 5. Social Sacurity Number 6. Sax **Funeral** 1□M 2X0F 215-01-0910 Director Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 28a-f show event, the Medical Examiner must be notified at Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 1815 Ramblewood Road 21239 U.S.A. or items 23a Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 □ Yas 2 No 11 Marital Status 13. Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Pace - Amarican Indian. Black, White, etc. 1 Naver Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Maryland 21215-0020 by If Yas, Giva Yeer or Detas: 3 XWidowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry than filed withi Hygiene. Elemantary/Secondery (0-12) Collega (1-4or 5+) Homemaker 8th grade permit. Pages 1 and 2 should be filed Department of Health and Mental Hygic Important: If Item 27 Is marked other I any Injury or other traumatic event. 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumeme) Be Becker Grobe Frederick Laura 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 6745 Mt. Vista Road, Kingsville, MD Mrs. June E. Guinan (dahtr) Baltimore, 20b. Place of Disposition (Name of camatary, cramatory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 XBurial 2 Cremetion 3 Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) Moreland Memorial Park 4/2/98 Baltimore, Maryland 22. Nama and Addrass of Facility Schimunek Funeral Home, Inc. 21. Signetura of Funaral Sarvice Licensaa Buon a. Wellen 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter tha disaase, or complications that caused the death. Do not antar the mode of dying, such as cardiec or raspiratory arrest, shock, or heart failura. List only one cause on each line. **Physician** pheumo /Medical Immediata Causa (Final disaasa or condition rasulting in daath) **Examiner** Dua to (or as e consequance of):

> Examiner Sequantially list conditions, if eny, leading to immadiate cause. Enter Undarlying Causa (Diseesa or Injury that initiated evants resulting in daath) Last Physician/Medical 98

Dua to for as a consequence of: Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. fribrillation

23b. Did tobacco use contribute to the cause of death? 22 No 3 Probably 4 Unknown

24a. Was an eutopsy performad?

24b. Ware autopsy findings availabla prior to completion of cause of daath?

21081

9. Birthplaca (State or Foraign Country) Maryland

White

Own Home

10d. Inside City Limits

1 X Yas 2 No

1998

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was casa referred to medical axeminar? 1 Yas 2DNo 27. Manner of Death

1 Neturat

2 Accidant

3 ☐ Sulcida

4 Homicide

Dementia

5 Panding Invastigation 6 Could not be determined

Hospital: 2 ER/Outpatient 3 DOA 28b. Tima of

28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify)

Other: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) 28c. Injury et Work?

1 Yas 2 No

28d. Dascribe how Injury occurred 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

Dr. Hong J. Kim

29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) and manner as steted.

Madical Examiner: On tha basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, deta and place, and due to the cause(s) and manner stated.

36

March 31, 1998

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

State Registrar

efter death Director:

24 hours

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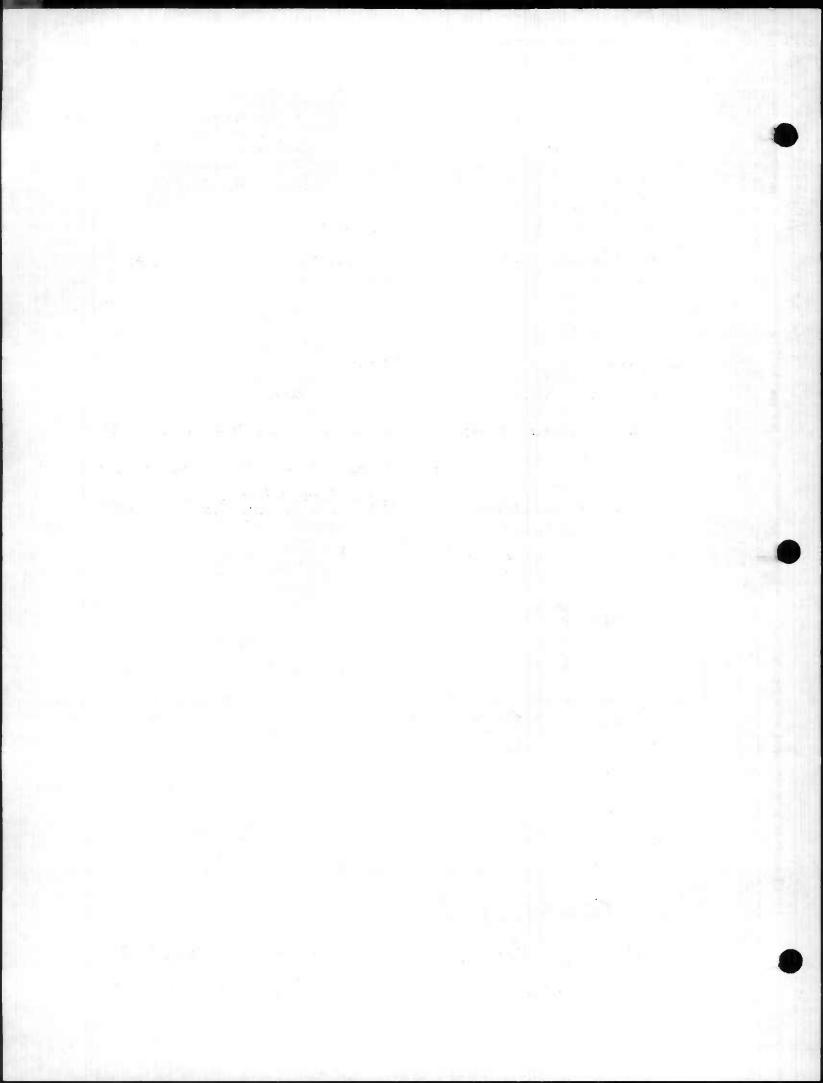
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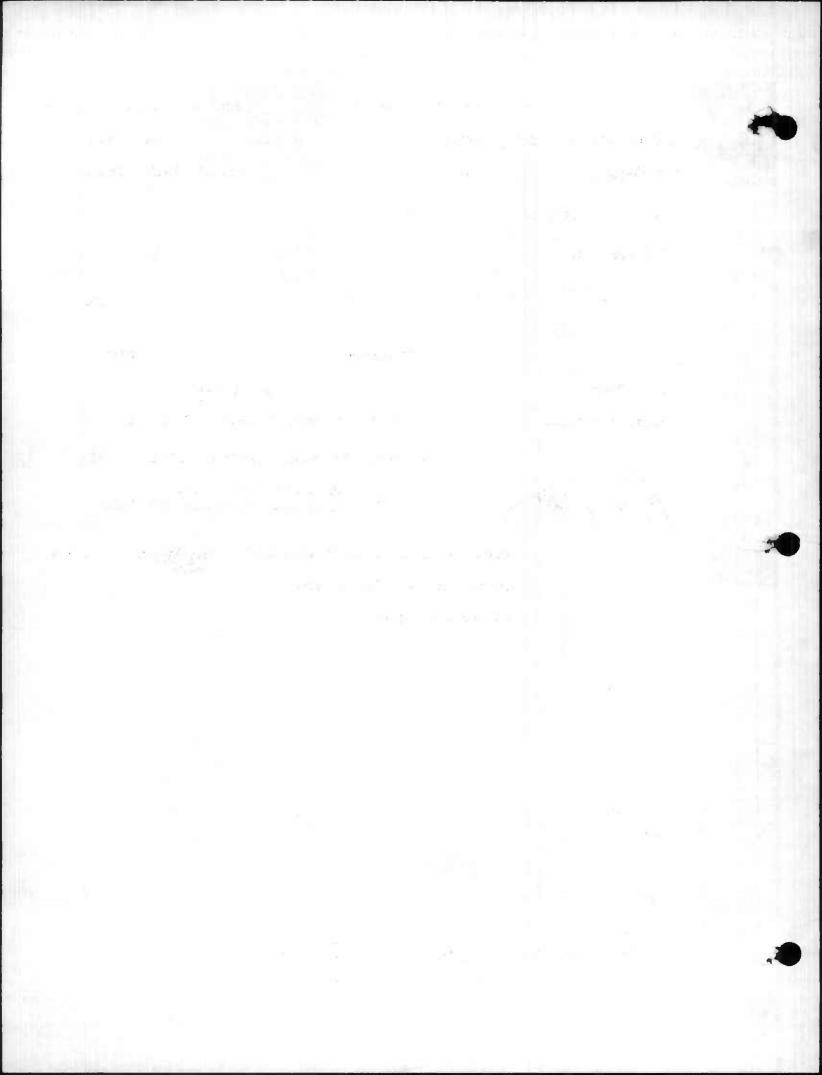


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274-98-6524	1 ⊠ M 2□F	45	Yrs. Mont	ns Days	nours	Auc	00		Florid	
Usuel Residence of Decedent 10a. State 10b. County		10c City 7	Town or Location						10d le	nside City Limits
	A		ltimore							MYas 2□No
MD N/I				Zip Coda			10	g. Citizen of W	/hat Country?	
	•			21	.223			USA		
11. Marital Status 1 Never Married 2 Married	12. Wes Decedent Armed Forces?		13. Was Do	ecedent of H	lispanic Origi	in? (Specify Y Puerto Rican,	es or No- etc.)		American in k, White, etc.	idien,
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3 ☐ Widowed 4 ₺ Divorced	Yaar or Detes:		16a Dacadant's I	Isual Occur	nation			16b. Kind of Bu	siness/îndustr	N.
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Elementery/Secondary (0-12)	Coilege (1-4or	5+)	Route	Manag	er		Ţ	Jniform	Rental	Co.
17. Fathar's Name (First, Middle, Last	1)				18. Mother	's Neme (First	, Middie, N	faiden Sumam	a)	
Unknown					Gr	retta W	illia	ams		
19a, informant's Name/Relationship			19b. Mailing Add							le)
Gretta W. Johnson	on	20h Plac	2410 ba of Disposition		Dr.,	Florer				State
20a. Method of Disposition 1 XBurial 2 ☐ Crametion 3 5		cem	t Hope C	or other place	ce)	3/25		Florence Florence		21618
4 Donation 5 Other (Special Signature of Luneral Sarvica Lice		riodri	22. Neme and Address of Facility							
21 Squara Garaga Cice	200					AL HOME	, P.A	A .		
220 PAR Enter the disease or one	club,	d the death	6009	Harfo	rd Rd.	. , Balt	imore	e, MD	21214	proximate
23a. P.m. Enter the disee e, or compock, or heart failure. List only	one cause on wich I	ine.	201101 011101 1110	mode or dyn	, g, cas. ac	од. о. с о о то ор			inte	rvei Between sat and Death
immediete Cause (Final	11400									
disease or condition resulting in death)	a. NARCI		OXICATION s a consequence	of):						
in the second se		20010 (0. 0		.,						
Sequantielly list conditions, if eny, leading to immediate	b	Dua to (or e	s a consequence	of):						
fr eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	6									
that initiated avents resulting in death) Last		s a consequanca	of):							
that initiated avents resulting in death) Last Part II. Other eignificant conditions of	d									
CO							nob Bida		and had a share	cause of death?
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axaminer? 1 XYes 2 No	Hospitel: 1 ☐ Inpati	ient 2 EF	NOutpetient 3E	DOA Ott	her: 4 Nur	rsing Home	5 ☑ Reside	nce 6 Oth	er (Specify)	
	28a. Dete oi Inju (Month, Da	ury ay Year) 2	8b. Time of Injury	28c. inju Wo			escribe ho	w injury occur	red	
27. Manner of Death 1	100110.3/2		nknown M		Yes 2XIXIN	unki		and and Alumb	as as Quant Do	uto Alumbas
4 Homicide determined	286, Piece of in	ijury - At hom tc. (Specify)	a, farm, straat, fa	ctory, office				reet and Numb n, State)2647		
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	hysician: To the best miner: On the basis of end menner si	of examination								
29b. Signature and title of certifier	1			29c. Licens	se numbar		2	9d. Date signe	d (Month, Day,	Year)
V/ a /	Don	M		o.c.	M.E		1	MARCH	20,1998	3
# // /OA /										
30. Name find address of person who	completed cause of	deeth (Item 2	3a) (Type, Print)							
30. Name and address of gerson who	completed cause of	deeth (Item 2		1 Penr	Stre	et, Bal	ltimo:	re, Mar	yland 2	21201

Charles and D

		Decedent's Name (First, Midd	tin I act			Cei	rtificat	e of	Death	2. Data of D	Reg. No.	8 0	90	6 I
ysician Medical	1				RANS	ISKA V	WEDLE			March	27, Day 19	98 ^{aar}		10AM
aminer	r	4a. Facility Nama (If not instituted Dulaney—Towso			•			4	Ib. City, Town, o	r Location of Dea n		ity of Death	re	
eral ctor		5. Social Security Number 214–38–9871	6. Sax			last birthday) Yrs.	If Undar Months	1 Yeer Days	If Under 24 H	S. 8 Data of B		9. Birtho		ata or Forai
3		Usuel Residence of Dacedant 10a. Stata 10b. Count	,			y, Town or Lo	cation					1		da City Limi
ottina			timor	re		lowson								Yas 2□N
wher must be notified Funeral Director	5	10e. Street and Number 111 West Rd.					10f. Zip		204		10g. Citizan d		ntry?	
20	2	11. Marital Status 1 ☐ Navar Married 2 ☐ Ma 3 ☐ Widowed 4 █ Divorce	rried	2. Was Decedant Armed Forces 1 Yas 2 If If Yas, Giva Yaar or Datas:	? No		Was Deced f Yes, spec 1 Yes	cify Cube	ispanic Origin? (an, Maxican, Pua Specify:	Specify Yas or N into Rican, atc.)		ace - Amark lack, Whita, hity: Whi	atc.	in,
t, the Medical	n bloce	15. Deceda (Specify only highs Elementary/Secondary (0-12)	nt's Educe ast grada o	com <i>pleted)</i> Collaga (1-4or	5+)	lifa. L	kind of wo DO NOT us	rk dona sa retired	during most of w	orking	16b. Kind of			
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To B		Karl Ojason							Olg	a (unkr	nown)			
Tracum		19e. Informant's Name/Relation Karin Skrett		e, Print)						Rural Routa Num hoenix,			Coda)	
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any Injury once.		21. Signature of Juneral Service		- 0		22	. Nama en	d Addras	ss of Facility	HOME, E				
ian ical		23a Fart. Enter the disease of shock, or heart failure. Lis	r complica t only one	0		h. Do not ant	ar tha mod	e of dyin	g, such as cerdi		arrast,	2121	Approx Intarva Onsat	Batween and Death
iner		diseasa or condition resulting in death)	a		Due to (d	oras a consequent Vasc	uance of):			ardiac A	rriyenia	Ia	16	ars
urial-transit		Sequentielly list conditions, if any, laading to immadiata ceuse. Entar Undarlying Ceuse (Disaasa or injury		Diab	Dua to (c etis	mas a conseq Mellit	uance of): US							
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atached for use a	-	Part II. Other significant conditi	ons contri	buting to death I	out not ras	ulting In tha ur	nderlying c	ausa giv	an in Part I.	23b. Die	d tobacco use o	ontributa te	o the ca	usa of deat
be datached by Physic										10	Yes 2 No	3 □ Pro	babty	4 Unkno
0 1										24a. Wa	s an autopsy formed?	ev	elleble p	psy finding rior to n of cause
2 should										10	Yas 2 No	1[□Yas	2 No
Page 2														
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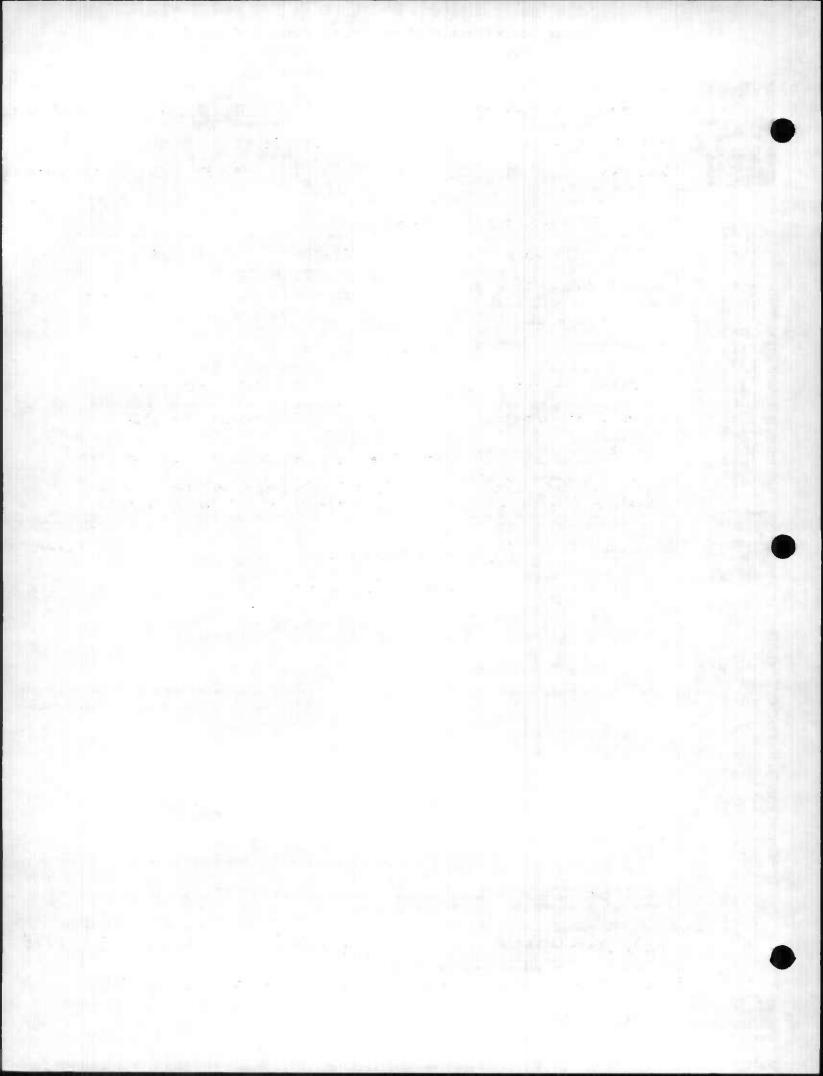
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** Anna Mae Williams 1998 29 MAR 2:30 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 8238 Old Mill Road Pasadena If Under 24 Hrs. Anne Arundel If Under 1 Year 8. Date of Birth (Month, Day, Yee SEP 27, 19 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Days Hours Min. Yrs. 215-24-1049 73 Director South Carolina Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryle Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, the Madical Examinat natural has not the an 1 ☐ Yes 2 ☐ No Directo Anne Arundel Pasadena 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8238 Old Mill Road 21122 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No if Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, 1 Never Married 2 Married Maryland 21215-0020 1 Yes X No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Homemaker Domestic 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Surname) Be Boisey Kearse Celie Albiney P 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Nama/Ralationship (Type, Print) Howard N. Williams/husband 8238 Old Mill Rd. Pasadena, MD 21122 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from Stete Metro Crematory, Inc. 03/30/98 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Edward A. Gregorchik Cremation Society of Maryland, Inc. Fidward A. Greenchik

299 Frederick Rd. Baltimore, MD 21228

23a. Part. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Examir Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury Dua to (or as a consaguenca of) Box 68760 Physician/Medical physici the that initiated evants resulting in death) Last Due to (or as e consequenca of): 980 signed by the e 23b. Did tobacco use contribute to the cause of death? Part It. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 1 ☐ Yes 2 ☐ No 3 Drobably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause ot deeth? 24a. Was an autopsy Completed hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Was casa rafarrad to medical examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 2 ☐ ER/Outpatient 3 ☐ DOA 1 Inpatient After this funeral 28d. Describe how Injury occurred 28b. Time of Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 1 Naturai or Attending 5 Panding efter deeth. 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, tarm, straet, factory, office building, etc. (Specify) completely filled in by 4 Homicide Hospital 24 hours e Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, data and place, and due to the causa(s) and manner stated. edical 29a. Cartifiar (Check only one) To the To the To the 29d. Date signed (Month, Dey, Year) 29b. Signetura end titla of certifier 29c. License number D39505 March 30 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) YUDHISHTRA MARKAN, MD., 1406B S.CRAN HWY., GLENBURNIE, MO 21061 31. Date tiled (Month, Day, Year) 32 Begistrar's Signature State The Davidson-Randell MAR 3 1 1998 Registrar

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death Month Day Yaa **Physician** Russell Wolfe Η. March 27 1998 4:00 PM /Medical 4a Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Bayview Medical Center Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (in yrs. last birthday) If Undar 1 Yaar Birthplace (Stata or Foreign Country) **Funeral** Days 12 M 2□ F Months 277-30-9187 59 Director May 7 1938 Ohio Usual Rasidance of Decedant the Maryland 10c. City. Town or Location or 28a-f ahow 10a Stata 10b. County 10d Inside City Limits MD Baltimore 1 ☐ Yas 2 No Dundalk Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ma 23a or with 7848 St. Bridget Lane 21222 USA Funeral filed within 72 hours after death 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puerto Ricen, atc.) "natural", or items 12. Was Decedant Ever in U,S. Armed Forces? C☐ Yas 2☐ No If Yas, Giva 14. Race - Amarican Indian, 11. Marital Status Black. Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 KNo Specify: Specify: by 3X Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) the Medical 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) 8 Maintenance Mechanic Federal Yeast 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Pages 1 and 2 should be 1 nent of Health and Mental I int: If Itam 27 is marked of Milton Wolfe Pauline Emrich 19a, informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Code) Russell H. Wolfe Jr /son 7848 St. Bridget Lane Baltimore, MD 21222 flam 2. Mar. 31 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, crametory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata permit. Page Department of Important: If any Injury or page. = 8 4 ☐ Donation 5 ☐ Other (Spacify) 11998 Holly Hill Memorial Baltimore, MD 22. Nama and Address of Facility
Connelly Funeral Home of Dundalk 21. Signatura of Funaral Sarvice Licenses withou Sollers Point Rd 21222 23a. Part1. Enter the discount, or complications that caused the death on one anter the mode of dying, such as cardiac or respiratory arrast shock, or heart tail and List only one cause on each line. Approximete Interval Batween Onset end Deeth **Physician** /Medical Immediata Causa (Final Pneumonia One week disaasa or condition rasulting in daath) Examiner Due to (or as a consequanca of): Examiner Severe Cardiomyopathy, ischemic Six years Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaesa or Injury that Initiated avants rasulting in daath) Last Due to (or as e consequance of): Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or as a consequanca of) The law requires that the death certification 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24e. Was en autopsy performed? certificate has t firector, pege 2 s 1 ☐ Yas 2 X No 1 ☐ Yas 2 No Attending Physician: director 25. Was casa rafarred to medical Be 26. Placa of Deeth (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 0 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 27. Mannar of Deeth 28b. Tima of Certification: After 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No death. Invastigation 2 Accidant ofter death 3 Sulcide 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 3 4 Homicide To the Hospital or A within 24 hours efter To the Funeral Dira completely filled in b

State

Registrar

Medical

31. Data filed (Month, Day, Year) MAR 3 1 1998

29b. Signatura and title of certifian

29a. Cartifiar

(Check only one)

Suzanne Caccamese, M.D. 4940 Eastern Ave 32 Phones 'a Stopatura Pandale

accurace MI

30. Neme and address of person who completed causa of daeth (Itam 23e) (Type, Print)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date end place, and dua to the ceusa(s) and mannar es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

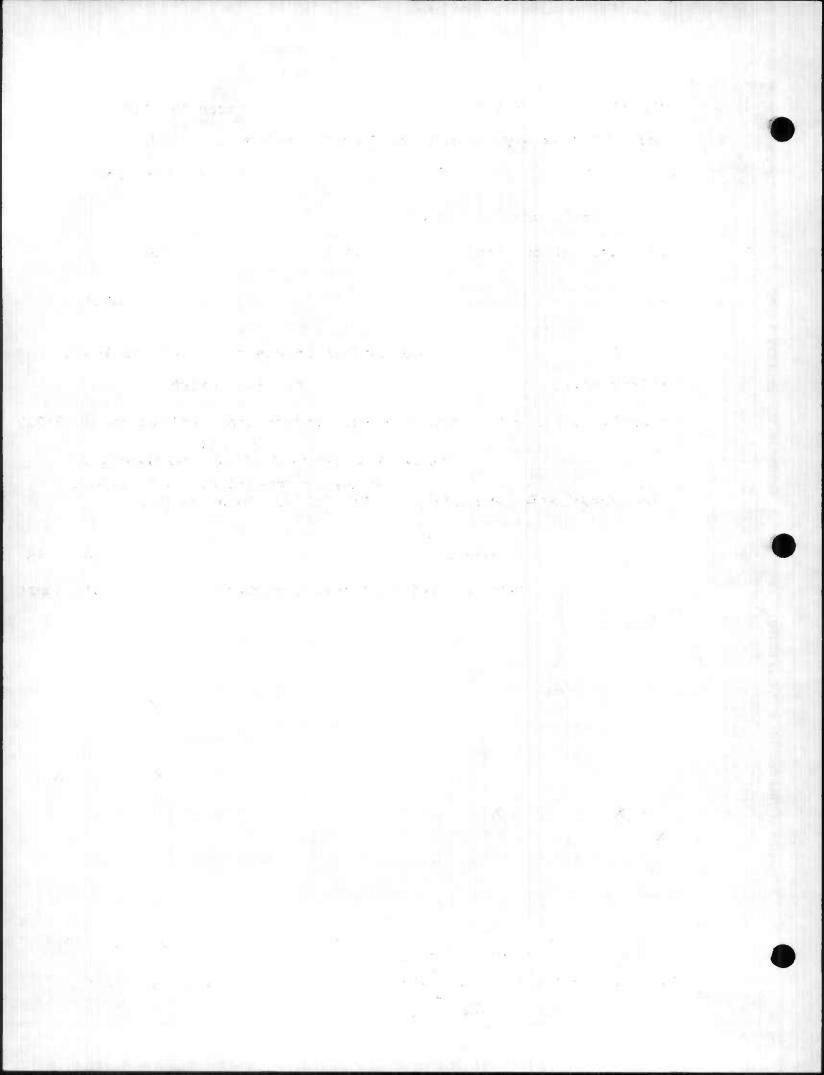
29c. License number

97486

29d. Data signed (Month, Dey, Year)

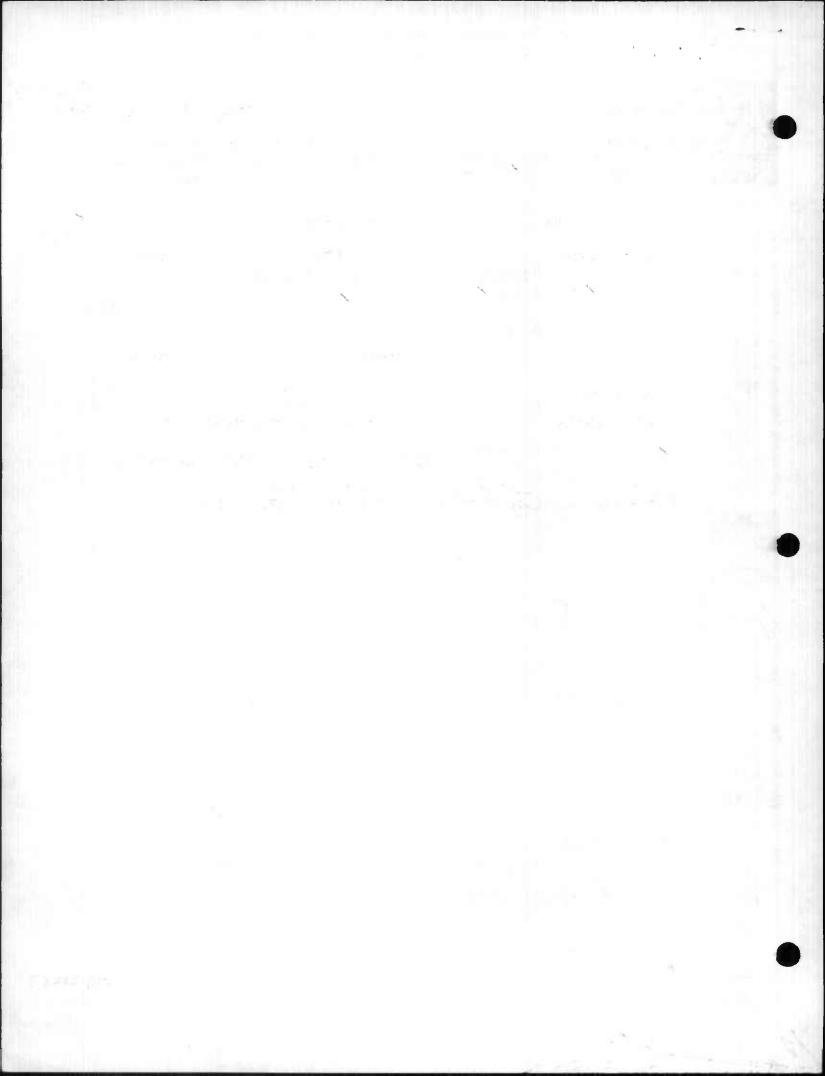
March 27, 1998

Baltimore, MD 21224



State of Maryland / Department of Health and Mental Hygiene 98 09961

		1. Decedant's Nam	a (First Middle 1)	951)		Cei	rtificat	e of l	Death	2. Data of D	Reg. No.		3. Time of Death
Physici	an	ALCOHOL: SHE		131/						Month	Day	Yaar	
/Medic	cal	Helen Wols								March	23	1998	10:15 P.M.
Examin	ier	4a. Facility Nama (lf not institution, gi	va street and num	ber)			4	b. City, Town, o	r Location of Daa	ith 4c. C	ounty of Deat	h
		139 N. Ken	wood Ave.					anser de la	Baltimore	City	N/	Ά	
Funeral		5. Social Security N		Sax 7	. Aga (In yrs.	last birthday)	If Under Months	1 Year Days	If Undar 24 Hr Hours Min		irth Ja <i>y, Year)</i>	9. Birt	hpiaca (Stata or Foreign
Director		219-16-783 Usual Rasidance of	3		73	Yrs.				6/28/19	924	1	MD
M III		10a. Stata	10b. County		10c. Ci	ty, Town or Lo	ocation						10d. Insida City Limits
Department of Health and Mental Hygiene. Important: If Item 27 is or 28a-1 show any injury or other traumatic event, the Medical Examiner naise the notified at once.	to	MD	N/	Ά			Balti	more	City				1 Yas 2 □ No
1 28s	Director	10e. Street and Nu					10f. Zip		CICY		10g. Citiza	n of What Co	ountry?
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LIN	Funeral	11. Marital Status		12. Was Deced	lant Evar in L),S. 13.	Was Dece	dant of H	ispanic Origin? (Specify Yaa or N rto Rican, etc.)	lo- 14	. Race - Ama	
or its		1 Navar Marr	ied 2 Married	Armed For	No					irto Hican, etc.)		Black, Whit	a, atc.
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n 27		Milton Wol		d						imore, MD	21224		
Department of Health a Important: If Item 27 Is any Injury or other tra		20a. Mathod of Disp	oosition □Cramation 3 [Ramoval from S	20b. I	Placa of Dispo camatary, crar	osition (Ner ma <i>tory</i> or c	na <i>of</i> othar plac	a)	Data	20c. Loca	ition - City or	Town, Stata
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2 2 2 2		NXE		MIL	make	- 1				i Funeral			
		23a. Part1. Entar ti shock, or haa	ha diseasa, or com	pications that ca	usad tha daa	th. Do not ant	tar tha mod	da of dying	n, such as cardle	Paltimor ac or respiratory	arrast.	21224	Approximata
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pu pu	edical Examiner	Sequentially list co	nditions	b. ———	Dua to (or as a consec	uerica of):						
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lysioi ne bi	cal	Cause (Disaasa or that initiated events rasulting in daath) I	injury	C	Dua to (c	or as a conseq	quenca of):						
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been signed I should be det	8										s an eutopsy formad?	24b.	Wara autopsy findings
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ath.	atio	1 Meturel 2 ☐ Accident	5 Panding invastigation		, Day Year)	Injury	м		Yas 2□No				
altar death. Director: After	Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not be detarmined	288. Placa c		oma, farm, str	raat, factory	y, office				Number or Ru	ural Routa Number,
Direct in by	le L	4 🗆 Homicide		building	, atc. (Specil	'y)				City or 10	own, Stata)		
g O o	edicai (29e. Cartifiar	1 Certifying Pt	nysician: To the b	est of my kno	wiedge, deeth	h occurred	et tha tim	a, data and plac	a, and dua to the	e cause(s) e	nd menner es	stated.
neral D y filled i	2	(Check only one)	2 ☐ Medical Exa	miner: On the bas and manna	is of axamina	ition and/or inv	vastigation	, in my op	olnion, daath occ	curred at tha tima	, data and p	iaca, and dua	to the causa(s)
• Funeral D	8		title of portifier				290	c. Licansa	number		29d. Data	signed (Mont	h, Day, Year)
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within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29b. Signatura and	SI Fun	ر				MAM	18320		31:	46/98.	
within 24 hours al To the Funeral D completely filled i		•	situng	completed sauce	of death /li-	n 23e\ /T	Drint\	TOD	18320		3/:	16/98.	
within 24 hours all To the Funeral D completely filled i		30. Name end eddr	situng	completed causa	of death (Iter	m 23e) (Type,	Print)	mss	18320	uten s	3/3	16/18.	MS 21287



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day **Physician** 29 Elizabeth 1998 12:05 PM Young March /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 2 Fireoak Court Cockevsville Baltimore If Undar 1 Yaar | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours Min. 1□ M 2□ F Yrs. 004-20-6334 73 July 11 1924 Maine **Director** Usuel Residenca of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heatth and Mental Hygiene.

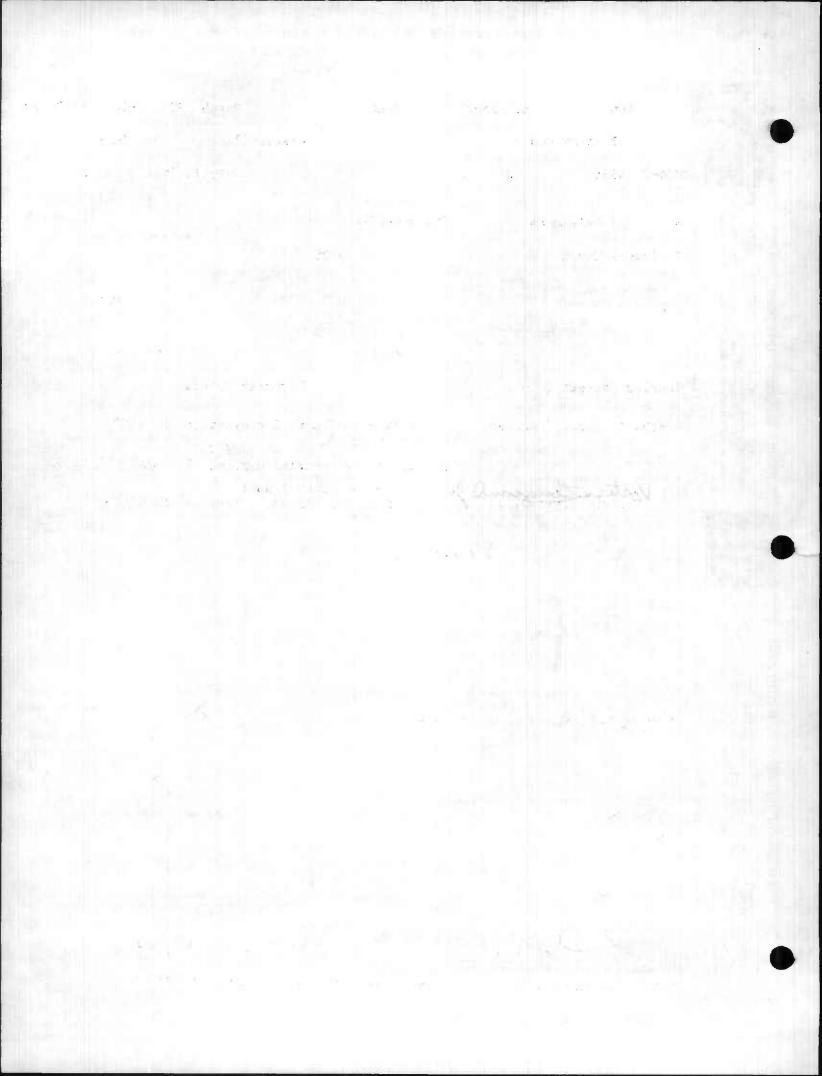
Int: If Item 27 is marked other than "naturel", or items 23s or 28s-1 show any or other treumstic event, the Medical Evaluation must be notified as 10a State 10b. County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2√☐ No Directo MD Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2 Fireoak Court 21030 USA Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Dates: Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian. 11 Maritai Stetus Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1□ Yes 2√2 No Specify: Specify: White by 3√ Widowed 4 Divorced Completed 16e. Decedent's Usuei Occupation 18b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Eiementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Home 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Charles Everett Quinlan Margaret Peterson 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 2 Fireoak Court, Cockeysville, MD 21030 Martha A. Young/daughter 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition 4/2/98 Burial 2 Cremation 3 Removel from State permit. Page Depertment of Important: If eny Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Memorial Gardens Timonium, MD 21093 21. Signeture of Funerel Service Licensee

Victor Lengrand, Jr. 22. Name end Address of Fecility Lemmon Funeral Home Victor Lengrand, Jr. 10 W. Padonia Rd., Timonium, MD 21093

23e Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onsat and Daath **Physician** STHOKE /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examir Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last Dua to (or es e consequença of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of) 888 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceues of death? 1 Yes 2 No 3 Probably 4 Unknown Longestive heart Failure be det g 24b. Were eutopsy findings available prior to Completed 24e. Wes en eutopsy completion of cause of death? page 2 hes 1 Yes 2 00 1 Yas 2 10 certificete or Attending Physician: funeral director, 25. Was case refarred to medical examinar? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA After this 28a, Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Mennar of Deeth 28b. Time of 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending efter death. 1 Yes 2 No investigation 6 Could not ba 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide • Funeral I Hospital Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or Investigetion, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end manner steted. 29a. Certifier edicai To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 032543 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 7505 Osler Dr., #410, Balto., MD 21204 Mark R. Stromberg, M.D. 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State MAR 3 1 1998 Davidson-Mandall Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth MARCH 25,1 **Physician** /Medical 4b. City, Town, or Location of Deeth Fecility Neme (If not Institution) give street end number) 4c. County of Deeth **Examiner** Romwel If Under 24 Hrs. If Under 1 Yee 7. Age (In yrs. lest birthday) **Funeral** Months Deys 1 M 200F Director Usual Residence of Decedent with the Merylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Ineide City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic avant, the Medical Examinat must be notified at BALTIMORE 1 Yes 2 No MD DUSON Director 10f, Zip Code 10g. Citizen of What Country? 10e. Street end Number USA EMGE 2123 Funeral death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Stetus permit. Pages 1 and 2 should be liled within 72 hours effer c. Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avant, the second once. 1 Yes 2 No 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: þ White 3 ₩Idowed 4 Divorced Yeer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+) und war unk 17. Fether's Neme (First, Middle, Last) UMC 18. Mother's Name (First, Middle, Maiden Sumame) Lull 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) ARDIE ShAW (QUAKDIAN) 1000 CATHEDRAL ST. BALTO MO 21201 20b. Piace of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removal from State MT. 210N CEMETERY Cansdowne, 4 Donetion 5 Other (Specify) 22. Name end Address of Feclity 21. Signature of Funerel Service Licanus GILMOR 0% 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only and cause on each line. **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Lest and Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequenca of): use Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributa to the cause of death? signed by t 3 Probably 4 → Wiknown 1 □ Yes 2 □ No Damentia by 24b. Were autopsy findings evaileble prior to completion of cause of death? 24e. Wes en autopsy performed? Completed page 2 has 1 Yes 2 100 1 □ Yes 2 □ No certificate or Attending Physician: funeral director, Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Inpatient 2 ER/Outpetient 3 DOA After this 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 24 hours after deeth. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide Hospital 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated. Medical (Check only one) 2 Medical Examinar: On the besis of exeminetion end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. within 2 To the \$ 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number 2 Vhara Karlade in 121022 3-27-98 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) Nd SACTO. MD 21234 KOWA COUSIG 8604 HARFORD 32 Hegistrar's Signature 31. Dete filed (Month, Dey, Year) State Allia Davidson Registrar

DHMH 16 Rav 6/95

When was it is a reporting business

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death Month

3. Time of Death

12:15 PM

Birthplace (State or Foreign Country)

10d. Inside City Limits

Approximata tntarval Between Onsat and Death

March 18, 1998

1 ☐ Yas 2 No

Michigan

White

1. Decedent's Nama (First, Middle, Last) Day 1998 **Physician** Allen Roger W. March 18, /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Montgomery General Hospital 01 ney Montgomery If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Data of Birth (Month, Pay, Year)
Jan. 2, 1915 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1**∕**□M 2□F Months Days 223-03-6620 83 Yrs Director Usual Rasidance of Dacedeni the Marylend 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at Director Maryland Silver Spring Montgomery 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3310 North Leisure World Blvd., #831 United States 20906 Funeral 12. Was Decadant Ever in U.S. Armed Forcas? 1 ¼ Yas 2 □ No If Yas, Giva Yaar or Dates: ₩₩ II 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarlcen Indian, Black, White, etc. 72 hours efter 1 ☐ Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 þ Specify. 3 Widowed 4 Divorced Completed 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Dacedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) permit. Peges 1 end 2 should be filed w Department of Health and Mantal Hygien Important: If Item 27 is marked other that any injury or other traumatic event 12 Vice-president of Finance Telephone 6 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Hall Sidney Ethan Allen Bessie 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Avery A. Cox (daughter) 16013 Mills Orchard Drive, Gaithersburg, MD 20878 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 3-19-98 Beltsville, Maryland 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility Rapp Funeral Services, P. A. Dec 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart tailure. List only one cause on each line. **Physician** /Medicai tmmediata Causa (Final disaasa or condition rasulting in daath) Ischemic Heart Disease Examiner Dua to (or as a consequence of): Examiner

Sequantially list conditions, if any, leading to Immediata ceuse. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last

weeks Acute Myocardial Infarction weeks Due to (or as a consequenca of) Coronary Artery Disease years Dua to (or as a consequence of):

Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Anoxic Encephalopathy by 24b. Were autopsy findings available prior to complation of ceuse of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 Yas 2 No Be 25. Was case ratarrad to madicel 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accident 5 Panding invastigation 1 Yas 2 No 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 X Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29b. Signature and title of certifier 29c. Licansa numbar 29d. Data signed (Month, Day, Year)

D 27886

that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital I or Attending Physician: after death.

physician end the buriel-transit

for use es

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signed i

peen paga 2 s

certificate

this After this

Director: /

To the Hospital o within 24 hours af To the Funeral Di completely filled in

diractor.

State

31. Date tiled (Month, Day, Yaar) MAR 20 199

anner

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

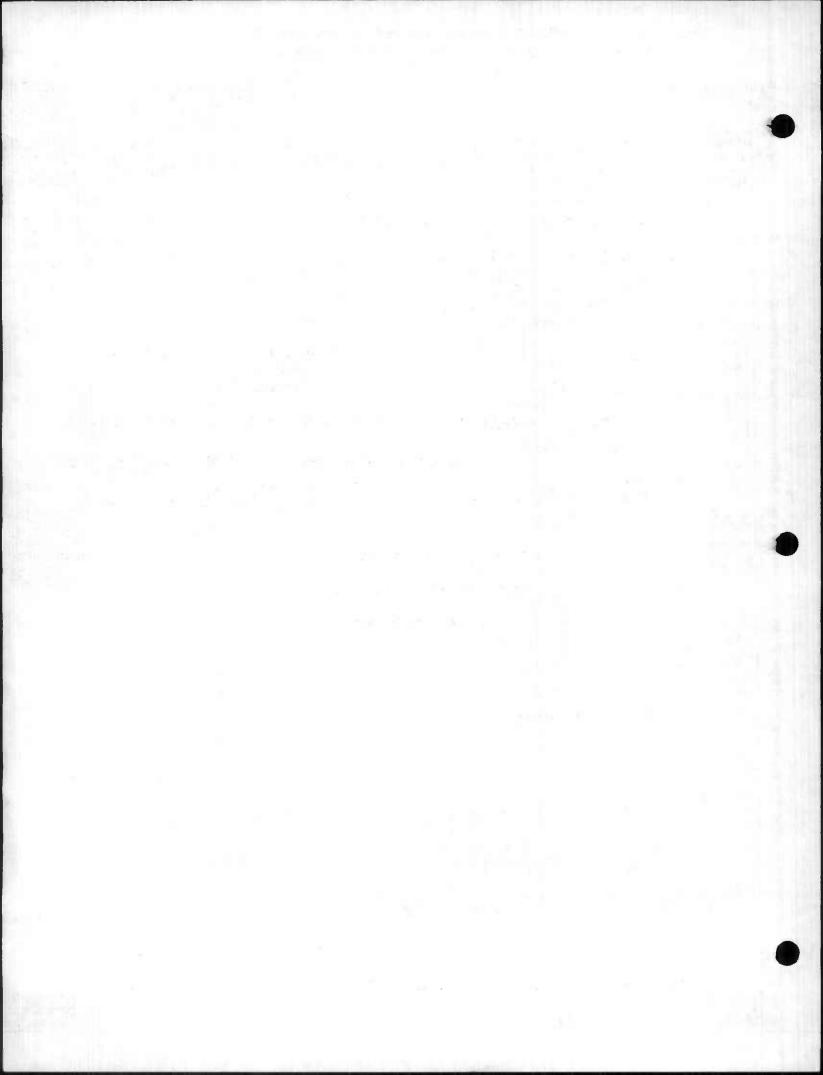
32. Ragistrar's Signature while Davidson

NO

Eric Tannenbaum, M. D., 6116 Executive Blvd., #155, Rockville, MD 20852

Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month 3:30 PM **Physician** Robert E Asbury 98 3 13 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 18500 Mountain Laurel Terrace Gaithersburg Montgomery If Under 1 Year Birthplece (State or Foreign Country) 5 Social Security Number 8. Date of Birth (Month, Dey, Yeer) Feb. 6, 1909 7. Age (in vrs. last birthday) **Funeral** 10 M 2□ F Deys Months Hours Min. 234-09-3844 89 Virginia Yrs. Director Usuel Residence of Decedent filed within 72 hours after death with the Meryland 10d. Inside City Limits 10a. State 10c. City, Town or Location 10h County 7 is marked other than "natural", or items 23s or 28s-f show traumatic avent, the Medical Examiner must be notified at Montgomery 1 Yes 2 No Gaithersburg Director 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 18500 Mountain Laurel Terrace 20879 United States Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes 2 No
It Yes, Give A
Year or Dates: Black, White, etc. 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 🏖 No Specify: Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) College (1-4or 5+) Hygiena. Elementery/Secondary (0-12) Education/Mont. Co. School Bus Driver permit. Peges 1 and 2 should be file Department of Haath end Mental Hy, Important: if item 27 is marked oths any injury or other traumatic avent. 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Samuel W. Asbury Missouri Akens 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20879 19e. Informent's Name/Relationship (Type, Print) 18500 Mountain Laurel Terrace, Gaithersburg, MD Anna Leona Asbury/ wife 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1XX Buriel 2 Cremetion 3 Removel from State Parklawn Memorial Park 3/17/98 Rockville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee Name end Address of Facility Hines-Rinaldi Funeral Home, 11800 New Hampshire Avenue, Silver Spring, MD 2

23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Avenue, Silver Spring, MD 20904 Approximete Interval Between Onset end Death **Physician** /Medical fmmediete Ceuse (Finel COTONAL 20 years disease or condition resulting in deeth) Examiner Examiner physician end the burial-transit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of): 63 950 signed by the a Pert II. Other algrifficant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ABDUMINAL Ancurum À 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Was an autopsy Completed URGANIC BRAIN Syndrome page 2 1□ Yes 2⊡No 1 Yes 2 No PACEMAKER or Attending Physician: 25. Wes case referred to medicel examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 ☐ Yes 2 ☐ No this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Maturel 5 Pending 1 ☐ Yes 2 ☐ No death. Investigation 2 Accident aftar death Director: 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 D Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, end due to the cause(s) end menner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number MARCH 13, 1998 1)18726 0

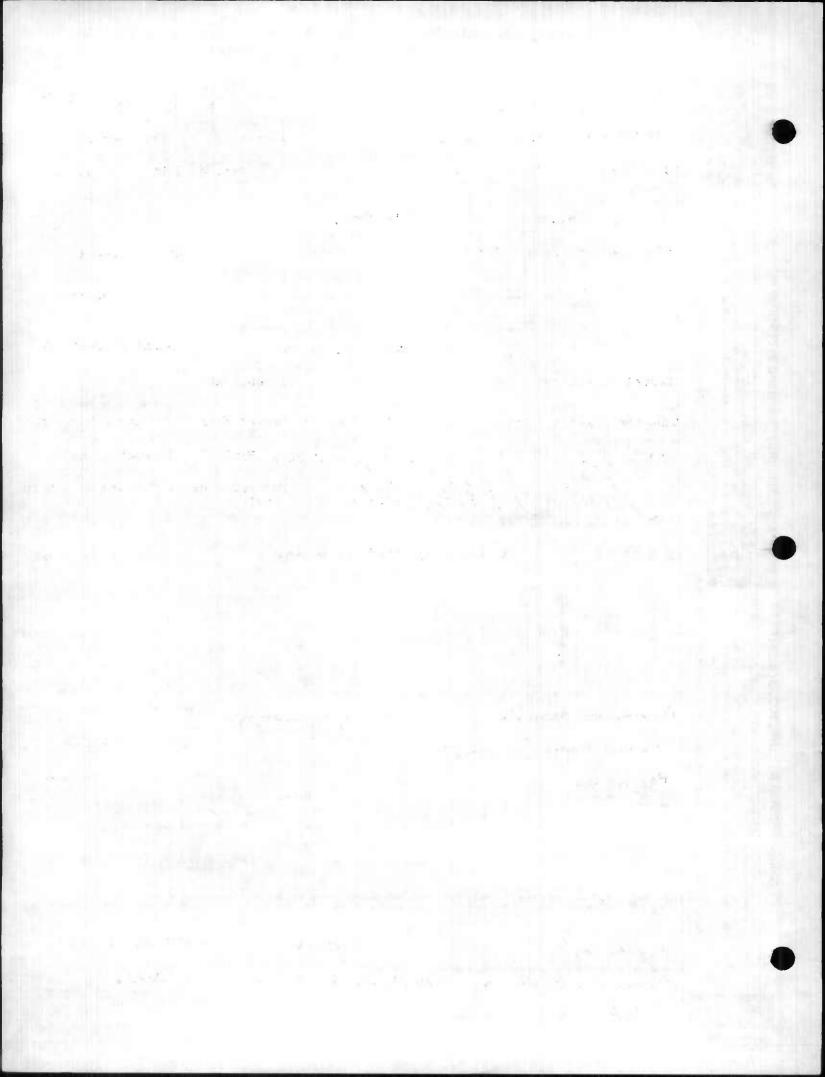
State Registrar 31. Dete filed (Month, Day, Year)

HRTHUR

MAR 16 1998

30. Nerve end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

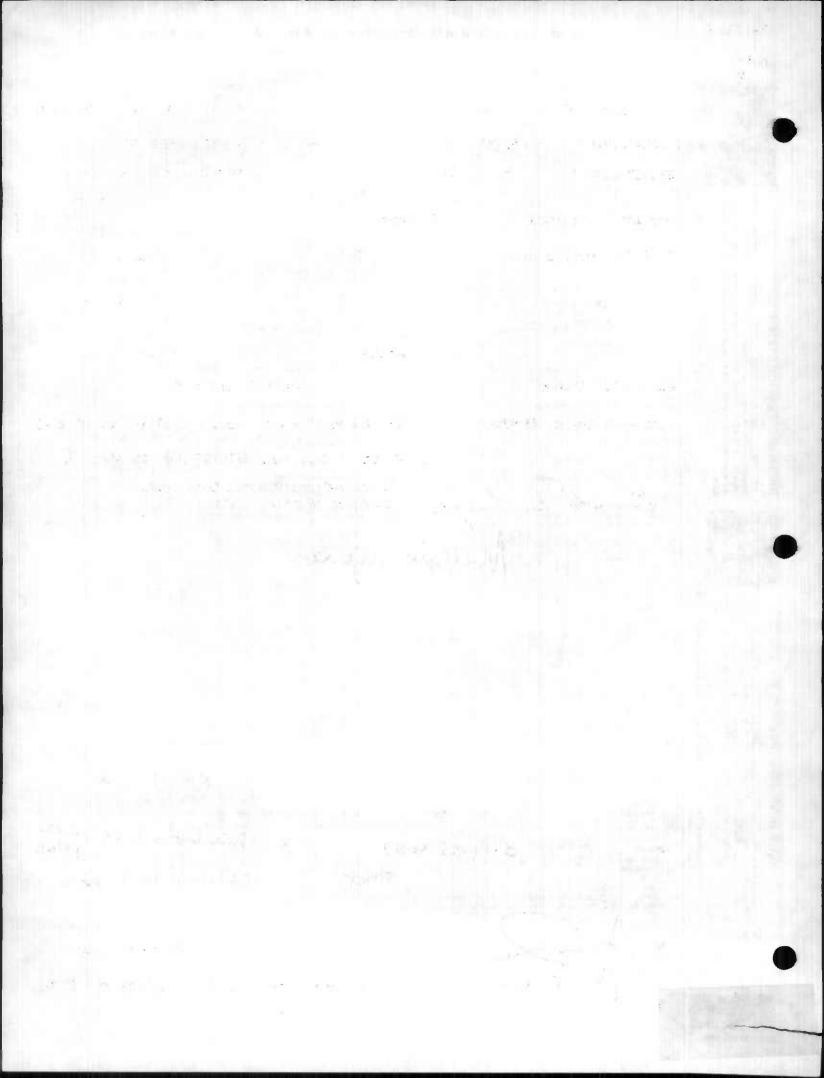
18111 Par Ne Philippy, OLNEY, MD 20832 SCHUENGOLD, MD



98-1422 KARA	-025	Please	Type or Pr State of N		Departn	nent of h	lealth and I	•		ible.	169
ALLEN			- 9		Certifi	cate of	Death		Reg. No.	900	
Phys		1. Decedant's Na <i>me (First, Midd</i> la, <i>Las</i> Kara Dian						2. Dete of De Month MARCH	Day	Yeer	. Time of Death
/Me Eyan	dical niner	4a Facility Nama (If not institution, give					4b. City, Town, or t				i LUA III.
		HARFORD MEMORIAL					HAVRE DE		HARF		
Funer Direct		5. Social Security Number 6. S 212-82-8540 Usual Rasidance of Dacedant	ex 7. A □ M 2 ★ F	Aga (In yrs. last 22		Indar 1 Yaer nths Days	If Undar 24 Hrs. Hours Min.	8. Dete of Bi (Month, D May 15	rth ey, Year) 5, 1975	9. Birthplece Country) Maryla	e (Stata or Foreign and
Maryland a-f show	ctor	10a. Stata 10b. County Maryland Harfo	rd		own or Locatio	1					Inside City Limits 1 ☐ Yas 2 🛣 No
or 28	Director	10e. Street and Number			10	f. Zip Coda			10g. Citizan of	Whet Country?	
23a	a a	3464 Churchville	Road			21001			U.S		
72 hours after death with the Maryland naturel; or frems 23s or 28s-f show deal Example must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 ♥ Divorced	12. Was Decedar Armed Forces 1 ☐ Yes 2 ☑ If Yas, Giva Yaar or Datas	s?] No		Decedent of I , specify Cub as 2 No	dispenic Origin? (S an, Maxican, Puart Specify:	pecify Yas or No o Rican, atc.)	o- 14. Ra Ble Specii	ce - Amarican I ock, Whita, atc. ^{fy:} White	
d within 72 hours at giena. rr than *naturel*, or	eted	15. Decedent's Ed (Specify only highast gra	lucation da complated)	11	Be. Decedant's	of work dona	during most of wor	king	16b. Kind of E	Businass/Indust	ry
within ene.	Completed	Elementery/Secondery (0-12)	College (1-40	r 5+)	Labor	OT usa ratire	d)		Facto	200	
of the first	Be	17. Fether's Nama (First, Middle, Last)			Lawi	er	18. Mother's Nam		, Maidan Sumai		
should by nd Mente marked	2	Joseph L. DiBuon					Gloria J				
other		19e. Informant's Name/Relationship (7 Gloria J. Shenk 20a. Mathod of Disposition 1□Burial 2√2 Cramation 3□	(Mother)	20b. Place	7525 S of Disposition of the or of t	tonecu (Nama of y or othar pla		Apt. I	Balti 20c. Location	more, N - City or Town,	AD 21237 Stata
permit. Pages 1 e Department of Hea Important: if item any injury or othe		4 ☐ Donetion 5 ☐ Other (Specify 21. Signeture of Fuperal Service Licen	1)	R. A			o., Inc.	3/16/98	West C	hester,	PA
Physicia /Medica Examine	al er	23a. Part 1. Entar tha disaasa, or com shock, or haert failura. List only to Immediata Causa (Finel disaasa or condition rasulting in daath)	olications that caus ona causa on aach	ad the death. Dige.	8 ()	mode of dyl	Maryland	or respiratory	arrast,	Int	proximeta arval Between esat and Deeth
eath certificata be executed attending physician end for use as the buriel-transit	n/Medicai Examine	Sequantially list conditions, if any, laeding to immadiata causa. Entar Undartying Causa (Disaase or Injury that initiated avants rasulting in death) Last	b		a consequance						
the death cert y the attendin ached for use	Physician/M	Part II. Other eignificant conditions co	ontributing to death	but not rasulting	g in the undar	ylng causa gi	van in Part I.	23b. Dic	I tobacco use co	ontribute to the	e cause of death
that ded to	by Phy							1□	Yee 2□ No	3 Probab	ly 4 Unknow
aw requisite peers	Completed b								s an autopsy ormed?	availal	autopsy findings bla prior to ation of causa th?
The ata h	Con							N	Yes 2□ No	je ve	as 2 No
	o Be	25. Wes case refarred to medical axsminar? 1 ☒ Yas 2 ☐ No	Hospital: 1 ☐ Inpa	tient 2014FR/	Outpetient 3	DOA Ott	26. Plece of Dec		ona) eldenca 8 □Ot	her (Specify)	
Aftar the	tion: T	27. Mennar of Deeth 1 Neturel 5 Pending	28e. Data of In (Month, D	jury 28l	b. Tima of Injury	28c. Inju Wo			how injury occu		parle r
or At effer Direct In by	Certification:	2 DAccident invastigation 3 Suicida 6 Could not be 4 Homicida datarmined	28a. Placa of i	rjury - At homa atc. (Spacify)	051			28f. Location City or To	(Street and Num own, Steta) We la	ber or Aural A	wita Number,
Hospital 24 hours Funeral stely filled	edicai ((Check only 2 Medical Exam	ysician: To the bas niner: On the basis	of axamination	dge, death occ and/or investig	urred at tha ti jetion, in my d	ma, data and placa opinion, daath occu	, end dua to the	a causa(s) and n	nannar es state , end dua to the	d. a causa(s)
within 2. To the F	Med	29b. Signature and little of certifier	and mannar	stated.		29c. Licens			29d. Data sign		
F3F8		1/1/	×a_				C.M.E.			14,199	
-	,	30. Neme and address of person who a	completed cause of	death (Itam 23	e) (Type, Print)					

111 Penn Street, Baltimore, Maryland 21201

State Registrar



State of Maryland / Department of Health and Mental Hygiene O

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March 17, Dey 1998 Year **Physician** 12:35AM Margaret M. Aaront /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not Institution, give street end number) 4c. County of Death **Examiner** Holy Cross Hospital Silver Springs Months Days Hours Min. (Month, Day, Year) Montgomery 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country)
Sept. 12, 1929 N.Y., New York 5. Social Security Number 7. Age (In yrs. last birthday) Funeral Months Yrs. Director 105-22-3324
Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show YYes 2 No Maryland Prince George's Greenbelt Director 10e. Sfreet and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with Department of Health and Montal Hygiene.

Department of Health and And Hygiene.

Sand inforcant: If flem 27 is and ded other than "natural", or items 23a or in any injury or other traumatic event, the Modical Examines mail than any injury or other traumatic event, the Modical Examines mail than USA 7851 Somerset Court 20770 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Rieck White efc 1 ☐ Yes 2/XNo If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2(No Specify: White þ 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) At Home 12th Housewife 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be John Gilmore Sara Ouinn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Joanne Aaront/Daughter Same as item 10 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 5 Other (Specify) 4 Donation Metropolitan Crematory 3/18/98 Alexandria, Va. 21. Signature de nerei Service Licenspe 22. Name and Address of Facility George P. Kalas Funeral Home alks 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23a. Pert / Enter the disease, of complications the caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one ceuse of each line. Approximete Interval Betw **Physician** /Medical Immediete Cause (Finai disease or condition resulting in death) BILATERAL PNEUMONIA 4 days Examiner Due to (or es a consequenca of): Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest and Due to (or as e consequence of): P.O. Box 68760, ettending physiclan for use es the burie Physician/Medical Due to (or es a consequence of) Part ii. Other significant conditions confributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Division of Vital Records, by 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Was en europsy performed? Completed page 2 21110 1 Tyes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after deeth. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Department 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27, Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 3 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and manner stated. 29a. Certifier 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number Thou as D 33224 MARCH 17, 1998 30. Name end eddress of person who completed cause of death (item 23a) (Type, Print) RAM TREHAN, 50 W EDMONSTON BR ROCKVILLE MP 20 452

31. Dete filled (Month Par Yeer)

State Registrar

wind month six SEB C C SAM

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Mohammed 6:30 PM 1998 AWADALLAH MARCH /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** DALTIMORE CITY
If Under 24 Hrs. 8. Date of Bir THE JOHNS HOPKINS HOSPITAL If Undar 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Birthplaca (State or Foreign Country) Months Days Hours 10X M 2□ F 36 Yrs Director 229-19-3749 Palestine Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ?7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☑ No Director Virginia Fairfax Falls Church 10a, Street and Number 10f. Zip Code 10g. Citizan of What Country? 5621 Magnolia Lane 22041 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: MUSLIM py 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) permit. Peges 1 and 2 should be lilled within 72: Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natt any injury or other traumatic event, the Medica once. 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Automobile Dealer Salesman 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Mahmoud Awadallah Sara Awadallah 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Sabah - Brother-in-Law 7402 Gambrill Rd, Springfield, Va 22153 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 3-19-98 Amman, Jordan Family Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Universal Mortuary Inc. Funeral Service Licenses 411 Kennedy St, N.W., Wash, D.C. 100 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Ceuse (Final disaasa or condition rasulting In death) /Medical SEPSIS ZO DAYS Examiner Due to (or es a consequence of): Examiner ettending physician and for use es the buriel-transit thet the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated execute. Due to (or as e consequence of) Box 68760, Physician/Medical that initieted events rasulting In death) Last Due to (or as a consequence of): P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown APLASTIC ANEMIA Division of Vital Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? peeu page 2 s has 2 No 1 ☐ Yes 1 ☐ Yes 2 No Be 25. Was cese referred to medice exeminer? 28. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA unerai 28a. Date of Injury (Month, Dey Year) 27. Mannar of Death 28c. Injury at Work? 28d. Describe how injury occurred Aftert Certification: Hospital or Attending Natural 5 Pending investigation n 24 hours after death.

Funeral Director: After pletely lilled in by the fur 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Tertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the besis of exeminetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) ithin 2 to the P 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Registrar

31. Date filed (Month, Dey, Year) MAR 17 1998

CORN



STREET

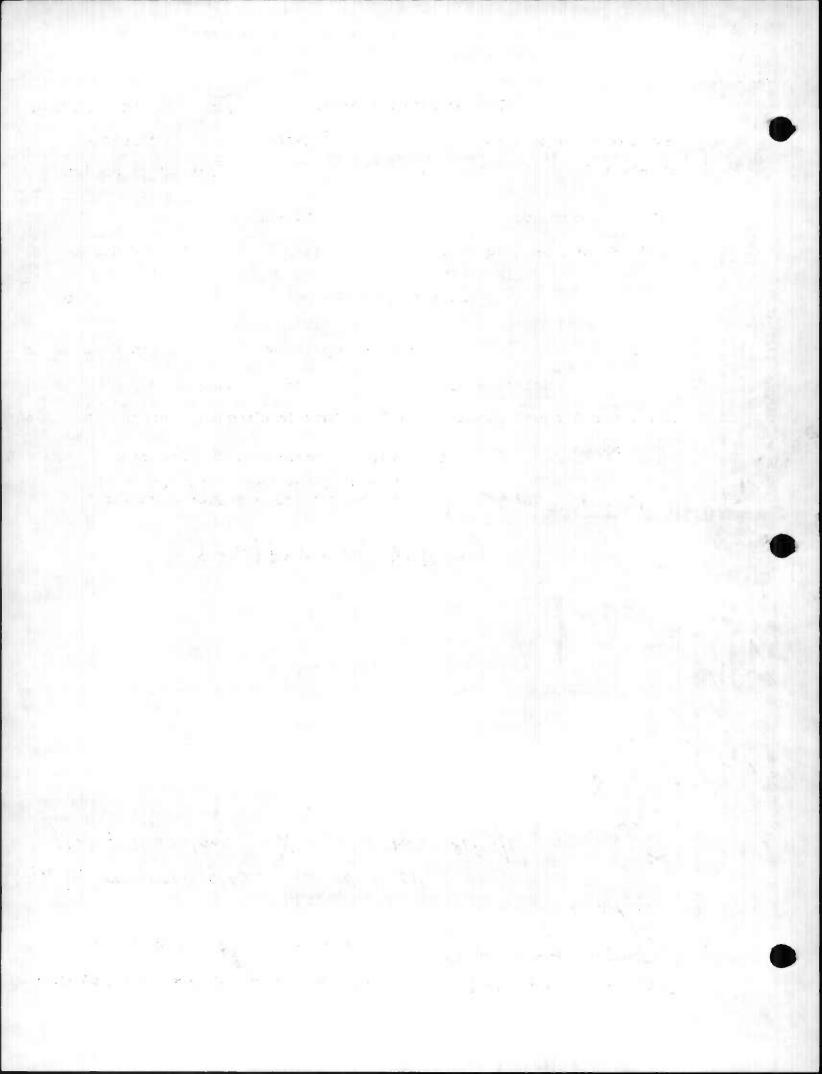
BALTIMORE MARYLAND 21287



98-1508-019

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene **GEORGE** Certificate of Death Reg. No. **ADSHEAD** 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Yeer **Physician** GEORGE LAWRENCE ADSHEAD MARCH 20,1998 8:20P.M. /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5437 WALNUT LANDING ROAD VIENNIA DORCHESTER 8. Date of Birth (Month, Day, 12/26/ If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Months Hours 47 217-54-6139 Yrs Maryland Director Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No MD Dorchester Vienna Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 5437 Walnut Landing Road 21869 United States Funerai death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Black, White, etc. filed within 72 hours after Mayes 2 Np
If Yes, Give VietNam
Year or Dates: 1 Never Married 2K Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Machine Operator Nylon Manufactur. other permit. Peges 1 and 2 should be file Department of Health end Mantal Hy Important: If Nem 27 Is marked other any Injury or other traumatic event. 18. Mother's Name (First, Middle, Maiden Sumame) 17 Father's Neme (First, Middle, Last) Walter Adshead Ida O. Riggin 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Linda Lee Adshead/Spouse 5437 Walnut Landing Rd., Vienna, MD 21869 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Cambridge Crematory 3/25 Cambridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee Framptom-Hawkins-Eskow Funeral Home Esken PO Box 43, Federalsburg, MD 21632 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequenca of): Examiner sician and burial-transit certificata be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): physician s the buria Box 68760. Physician/Medical Due to (or es e consequence of): 80 use for 23h. Did tohecco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2X No 3 Probably 4 ☐ Unknown signed to Division of Vital Records, p 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Was en eutopsy performed? Completed pege 2 s has Yes Yes 2□ No certificate 2 No 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Mesidence 6 □ Other (Specify) 1 X Yes 2 □ No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28h Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Aftar or Attending 5 Pending investigation 1 Natural 20/98 s after death. sels Shot 1 Yes 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3■Suicide 4 ☐ Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) landing RD. HOME Watery 24 hours Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) end manner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and placa, end due to the cause(s) end manner stated. onel within 2. 29b. Signatur and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MARCH 21,1998 O.C.M.E. blemy 30. Name and address of person wito completed cause of deeth (Item 23e) (Type, Print) LAKON 111 Penn Street, Baltimore, Maryland 21201 Lockt MO 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State Registrar ,08 La Davidson-Gandale



98-1450-031

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

MARY	
BAKER	

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

18	0	0	0	7	-
0	U	J)	-	-

П	
	Physician
	/Medical
ł	Examiner

Mary Jane Baker

3. Time of Death 5:40P.M.

Yes 2 No

Funeral Director

the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at with death \

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, in Medical Energines. page.

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Hospital

within 2 To the

20

Physician /Medicai Examiner

physician and the bunal-trans certificate be execu 98 950 0 ed by the a signed l pege 2 hes certificate director, this funerel After or Attending death. 24 hours after deal Funeral Director:

To

Certification:

Medical

completely

Directo Funeral þ Be 0 Examine Physician/Medical Py Completed Be

1. Decedent's Name (First, Middle, Last) 2. Data of Death 14, 1998 MARCH 4a Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 621 ASTER BLVD MONTGOMERY If Under 1 Yaar | If Under 24 Hrs. Birthplaca (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Months Days Hours 1 M 200 Yrs. July 2, 1932 154-24-6850 65 New Jersey Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Instde City Limits Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20850 United States 621 Aster Boulevard 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian Black, Whita, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation

16a blad of work done during most of working 15. Decedent's Education (Specify only highest grade completed) 16h. Kind of Rusiness/Industry (Give kind of work done di life. DO NOT use retired) Elementary/Secondary (0-12) Coilege (1-4or 5+) Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Sumema) William Seymour Twichell Marion Presby 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Timothy A. Baker/Son 621 Aster Boulevard, Rockville, Maryland 20b. Place of Disposition (Neme of cemetery, cremetery or other plece) March 17, 1998 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ACremation 3 Ramoval from Stata 4 Donetion 5 Other (Specify Montgomery Crematorium, Inc. Bethesda, Maryland 22. Name and Address of FacilityRobert A. Pumphrey Funeral Home/ 21. Signature of Funeral Servica Licer Rockville, Inc. 300 West Montgomery Avenue M00803 Rockville, Maryland 20850-2805 MUU8U3 Rockville, Maryland 20850-2 art1. Enter the disease, or complications that a used the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Immediate Cause (Finat tunging disease or condition Due to (or as a consequence of): Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or Injury that hittated events resulting in deeth) Lest Due to (or as a consequence of) Due to (or as a consequence of) 23b. Did tobacco use contributs to the causs of death? Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yes 2 □ No 19TYes 2 No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5X Residence 6 Other (Specify) 1 ¥ Yes 2 □ No 1 Inpatient 2 ER/Outpatient 3 DOA

27. Manner of Death 1 Natural

5 Pending investigation 6 Could not ba determined

28a. Date of Injury (Charles). Time of (Month, Dey Year) 3-14-98

28c. Injury at Work? 1 Yes 2 No 17 40 M 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred Subject hanged 28f. Location (Street end Number or Rural Route Number City or Town, Stete)

sel

Approximate Intervei Between Onset and Death

29a. Certifier (Check only one)

2 Accident

3 Suicide 4 Homicide

> 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
>
> 2 Medical Examiner: On the basis of examination end/or trivestigation, in my optnion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licensa number

621

111 Penn Street, Baltimore, Maryland 21201

29b. Signature and title of cartifian

O.C.M.E.

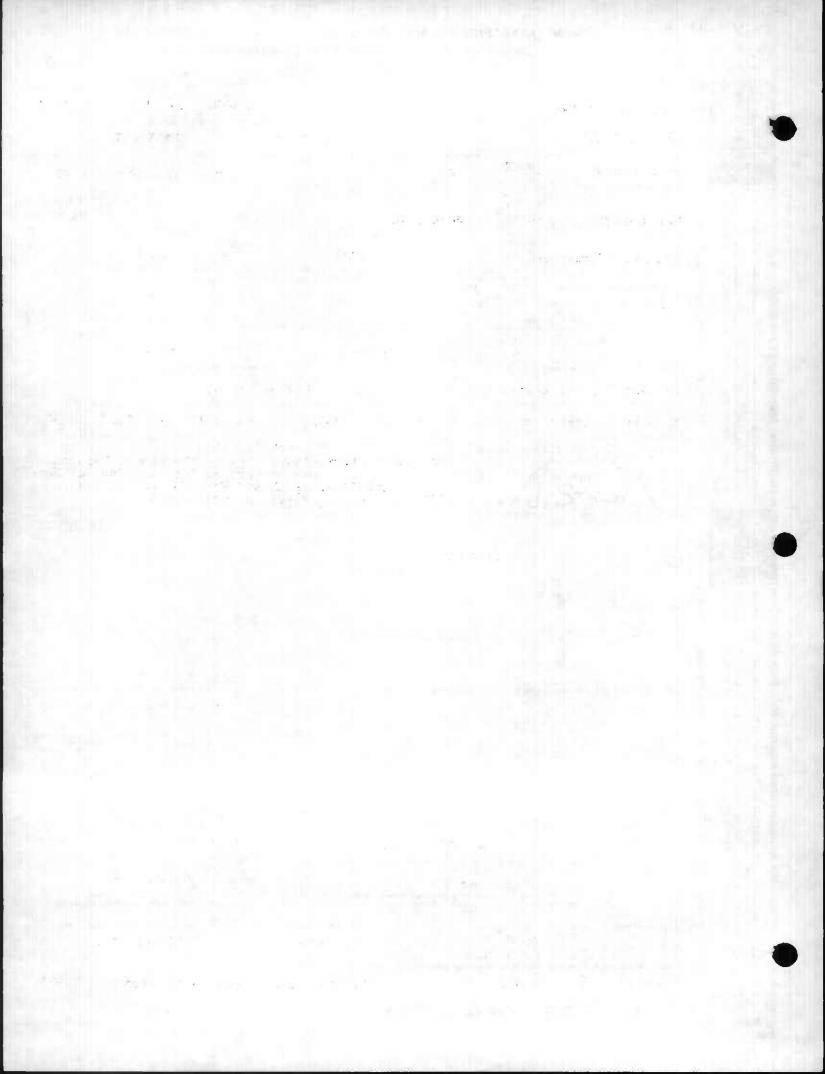
29d. Data signed (Month, Dey, Year) MARCH 15,1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Towler

1. Junio

Registrar's Signeture e Davidson

31. Date fited (Month, Dey, Year) State 18 1998 MAR Registrar



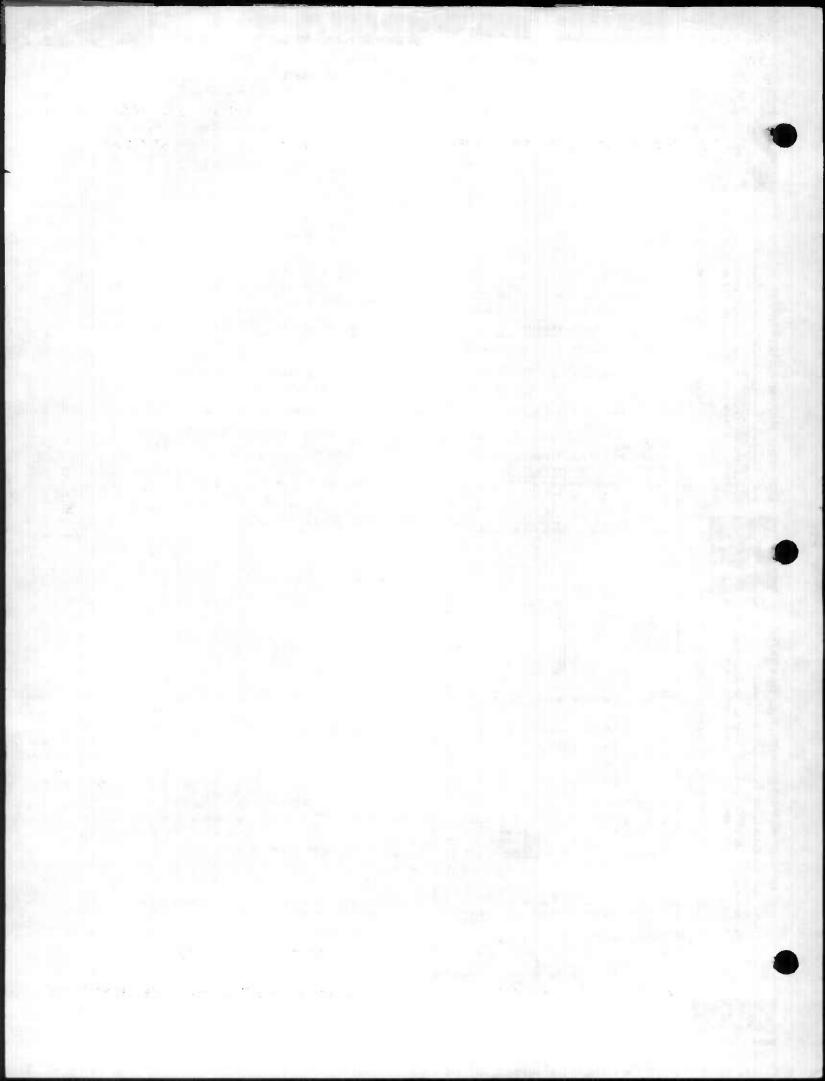
98-1449-031

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

Armed Forces?	of Death
Trez Amelia Baker An Eacility Name (If not institution, give street and number) SHADY GROVE ADVENTIST HOSPITAL S. Social Security Number 213-45-4966 10 M 20XF 2 Yrs. S. Social Security Number 10a. State 10b. County Maryland Montgomery Gaithersburg 10c. City, Town or Location Gaithersburg 10c. Street and Number 9128 Centerway Road 11. Marital Status Amed Forces? 110 Wes 20 No 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Street and Number 110 No Nor use retired N/A 110 No Nor use retired N/A 110 No Nor use retired 111 No Nor use retired N/A 112 No Nor use retired N/A 113 No Nor use retired N/A 114, 199 MONTGO Months Days Hours Min. (Month, Day, Year) July 4, 1995 100 Citizen of Variation of Deadent 10a. State 10b. City, Town or Location Gaithersburg 10b. Street and Number Origin? (Specily Yes or No- 112 Nor 20 No 112 No Specify: Specify 112 Nor 20 No 112 Nor 20 No 112 Nor 20 No 113 Nor Nor use retired N/A 115 Nother's Name (First, Middle, Maklan Surnar Rhea Brugmans Rhea Brugmans 10b. Melling Address (Street and Number or Rural Route Number, City or Town, Mary Canado, or Heart Industry Nor Nor Nor Nor Nor Nor Nor Nor Nor Nor	98 7:20P.M. of Death
Standing Sta	
S. Social Security Number 213-45-4966 1	WILIDV
213-45-4966 213-45-4966 213-45-4966 213-45-4966 213-45-4966 213-45-4966 22 Yrs. Months Days Hours Min. July 4, 1995 234 July 4, 1995 24 July 4, 1995 25 July 4, 1995 26 July 4, 1995 27 July 4, 1995 28 Centerway Road 20879	
10a. State 10b. County 10c. City, Town or Location	9. Birthplace (Stata or Foreign Country) Maryland
11. Marital Status	10d. Inside City Limits
11. Marifiel Status	1 Yes 2 No
11. Marital Status	What Country?
Elementary/Secondary (0-12) O 17. Fether's Nama (First, Middle, Last) William B. Baker 19e. Informent's Name/Reletionship (Type, Print) William B. Baker, Father 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 20a. Method of Disposition 1 Buries 2 (Acremation 3 Removal from State 4 Doylaton 5 Other (Specify) 21. Signature of Funeral Service December Physician /Medical Examiner Elementary/Secondary (0-12) N/A 18. Mother's Name (First, Middle, Maidan Suman Rhea Brugmans 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 9128 Centerway Road, Gaithersburg, MI 20b. Place of Disposition (Name of cemetery, crematory or other place) Mar 16, Metropolitan Crematory 1998 Alexand 22. Nama and Address of Facility DeVol Funeral 10 E. Deer Park Drive, Gaithersburg Analysician /Medical Examiner DROWNING Due to (or as a consequence of):	States
Elementary/Secondary (0-12)	e - American Indian,
Elementary/Secondary (0-12)	ck, White, etc. /: White
Elementary/Secondary (0-12) O 17. Fether's Nama (First, Middle, Last) William B. Baker 19e. Informent's Name/Reletionship (Type, Print) William B. Baker, Father 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 20a. Method of Disposition 1 Buriel 2 (Acremation 3 Remort from State) 4 Doylation 5 Other (Specify) 21. Signature of Funeral Service Demonstrate Physician /Medical Examiner Elementary/Secondary (0-12) N/A 18. Mother's Name (First, Middle, Maidan Suman Rhea Brugmans 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 9128 Centerway Road, Gaithersburg, MI 20b. Place of Disposition (Name of cemetery, crematory or other place) Mar 16, Metropolitan Crematory 1998 Alexand 22. Nama and Address of Facility DeVol Funeral 10 E. Deer Park Drive, Gaithersburg shock or heart failure. List only one cause on each line. DROWNING The property of the street of the street of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Drowning Due to (or as a consequence of):	usiness/Industry
William B. Baker 19e. Informent's Name/Reletionship (Type, Print) William B. Baker, Father 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 20a. Method of Disposition 1 Buriek 2 (Acremation 3 Remontron State 4 Doylation 5 Other (Specify) 21. Signature of Funeral Service Leanes Physician /Medical Examiner 18. Mother's Name (First, Middle, Marchan Suman Rhea Brugmans 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, William B. Baker, Father 9128 Centerway Road, Gaithersburg, Mr. Marchan Suman Commence of Data Commence of Data Commence of Commence of Data Commence of Data Commence of Commence of Data Commence of Commence of Data Commence of Commence of Data	
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William B. Baker, Father 20a. Method of Disposition 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commetery, crematory or other place) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commetery, crematory or other place) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commetery, crematory or other place) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commetery, crematory or other place) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acremation 3 Remonstrated Proposition (Name of Commeter) 1 Burish 2 (Acrematicn	
20a. Method of Disposition Burish 2 Acremation 3 Removal from State	Stete, Zip Code)
Commeterly, crematory or other place) Mar 16,	
22. Nama and Address of Facility DeVol Funeral 10 E. Deer Park Drive, Gaithers but Physician /Medical Examiner DROWNING Due to (or as a consequence of):	City or Town, Stete
Physician /Medical Examiner Immediate Cause (Finel disease or condition resulting in deeth) Due to (or as a consequence of):	lria, Virginia
Physician /Medical Examiner Immediate Cause (Finel disease or condition resulting in deeth) Due to (or as a consequence of):	Home
Physician /Medical Immediate Cause (Finel disease or condition resulting in deeth) Due to (or as a consequence of):	irg, MD 20877
The state of the s	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in daath) Last Due to (or as a consequence of): Due to (or as a consequence of):	
Ceuse (Diseese or injury that initiated events resulting in death) Last Dua to (or as a consequence of):	
does of the popular o	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use co	ntribute to the causs of death?
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No	3 Probably 4 Unknown
24a. Wes an autopsy performed?	24b. Were autopsy findings swailable prior to completion of cause of death?
24a. Wes an autopsy per of the pe	1€Yes 2□ No
1	7.11.22.10
25. Was case referred to medical examiner? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other: 27. Manner of Death 28s. Date of Injury 28b. Time of D. 28c. Injury at 28d. Describe how Injury occur	er (Specify)
Control of the part of the p	
2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Rectident 3 Suicide 4 Homicide 4 Homicide 2 Rectident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Rectident 5 Rectify 6 Rectify	per or Rural Route Number,
28a. Date of Injury at Work? 27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Day Year) found 3/14/98 28b. Time of Found work? found 3/14/98 28c. Injury at Work? found 3/14/98 28c. Injury at Work? 1 Yas 2 No Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur Unknown 28d. Describe how Injury occur	
29a. Certifier (Check only one) 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mixing the countries of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mixing the countries of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mixing the countries of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mixing the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination end/or investigation.	anner es stated.
29b. Signature and title of certifier 29c. License number 29d. Date signe	
O.C.M.E. MARCH 15	d (Month, Day, Year)
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	

State Registrar

31. Date filed (Month, Day, Year)
MAR 18 1998



State of Maryland / Department of Health and Mental Hygiene ?

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3 Time of Death **Physician** Month 12, 1998 Florence Bass March 4:50am /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care Nursing Home Chevy Chase Montgomery If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day Year) Aug. 20, 1914 9. Birthplece (State or Foreign Country) New York **Funeral** 1□M 20 F Months Deys 100-05-2590 Director Yrs. 83 Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f ehow traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits Arlington Director 1 ☐ Yes 2 No Virginia N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 22207 3524 N. Utah St. U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: þ Specify: White 3 XWidowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Investment College (1-4or 5+) Financial Executive 12 Bankers 17. Fether's Neme (First, Middle, Last) Peges 1 and 2 should be fill ment of Health end Mental Hant: If Item 27 Is marked oth jury or other traumatic even 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Louis Cohen Molly Rothberg 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Matthew Bass/Son 70 Riverside Dr. New York, N.Y.10024 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Buriel 2 Cremation 3 Removel from State permit. Pege Department of Important: If any Injury or 3/15/98 Pinelawn, N.Y. New Montefiore 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licension 22. Name end Address of Fecility
I ves-Pearson Funeral Home
2847 Wilson Blvd. Arlington, VA 22201 0 Xg 23a. Pant1. Enter the diseese, or complications that caused the shock, or heart feilure. List only one ceuse on each line complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final Pneumonia diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Dementia Alzheimer attending physician and for use es the bunal-tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca of). USB 88 ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? page 2 2 No 1 ☐ Yes 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4\(\) Nursing Home 5 \(\) Residence 8 \(\)Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of fnjury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1X Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 5 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled edicai 29e. Certifier IXIX ortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. 29b. Signeture-and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 3/12/98 D29353 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) George Graves, M.D.5530 Wisconsin Ave. Chevy Chase, MD 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State Julia Davidson Registrar

DHMH 16 Rev 6/95

with the Marylend

death

filed within 72 hours efter

I Hygiene.

Maryland 21215-0020

Baltimore,

The law requires that the death certificete be executed

certificate

After this

Director:

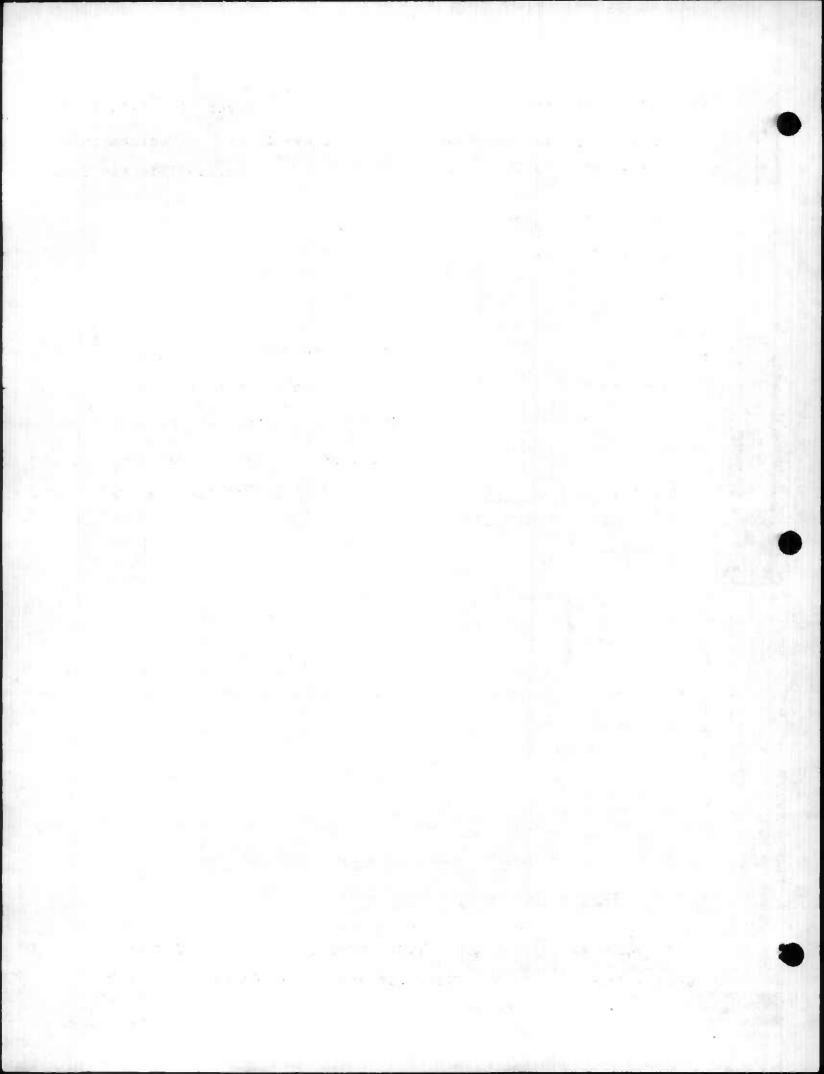
or Attending Physician:

Hospital

death.

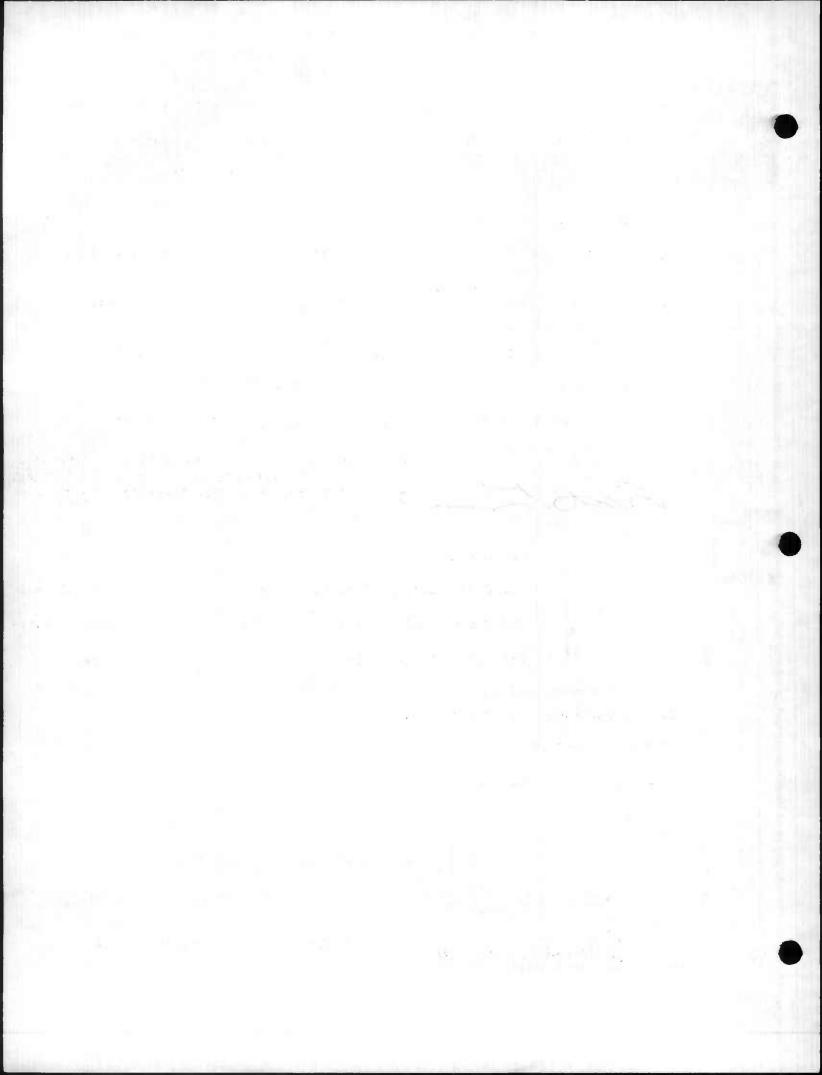
after

Division of Vital Records. P.O. Box 68760.



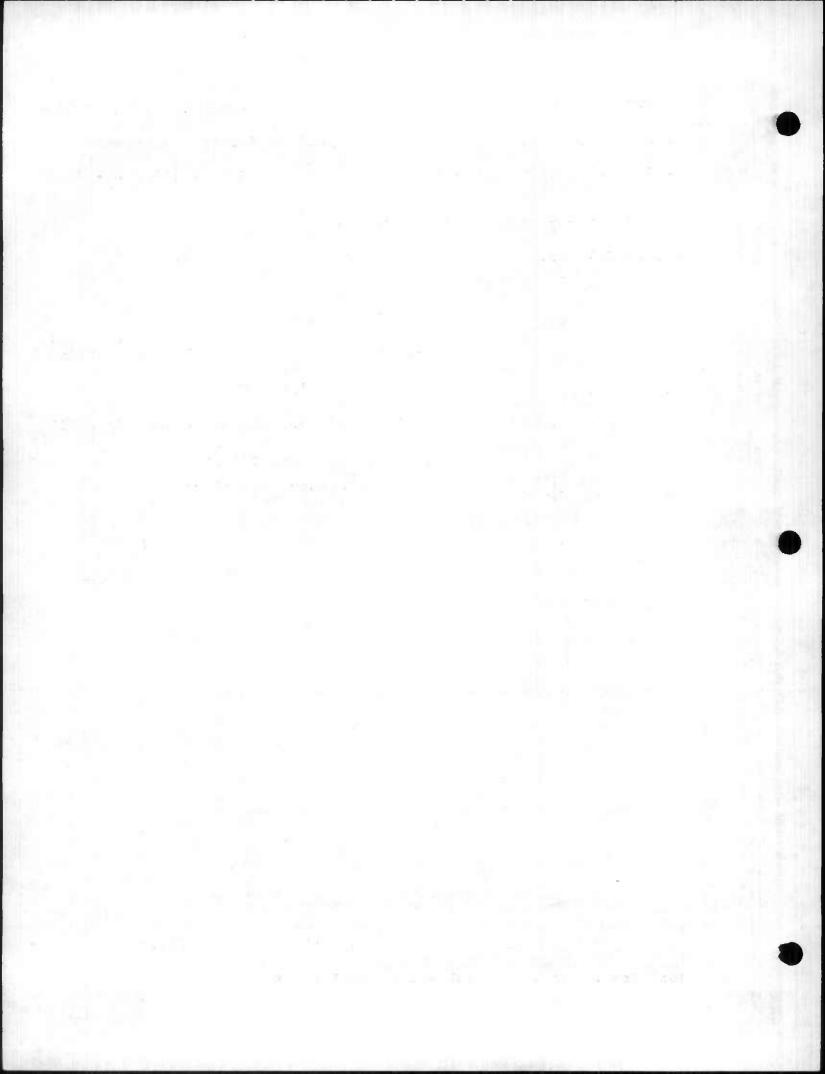
State of Maryland / Department of Health and Mental Hygiene

					Certific	cate of	Death		Reg. No.	U.	771	0
Physic	ian	Decedeni's Name (First, Middle,						2. Dala of De Month	Day	Year	3. Time of	
/Medi			nester	B1and	l				18, 1998	3	3:00	AM
Exami	ner	4a. Facility Name (If not institution, g						or Location of Deal				
	,	4601 North Parl					Chevy Ch		- 1	gomery		
Funerai Director		5. Social Security Number 579–10–3543 Usual Residence of Decedent	. Sex 7. Ag	e (In yrs. last b		Inder 1 Yaar oths Deys	if Undar 24 Hi Hours Mi		th ly, Year) 1906	9. Birthpl Count Cont	lace (State of try) nectio	or Foreign
show	'n	10a. State 10b. County			wn or Location					10	0d. Inside C	City Limits
he M	Director	Maryland Montgo	omery	Chevy	Chase			-				2 63 140
3a or	i	4601 North Park	Ave. #1219		10	f. Zip Code	20815		10g. Citizen of United		•	
72 hours effer death with the Marylend natural; or items 23s or 28s-f show sizes Examiner must be notified at	by Funeral	11. Marital Status 1 Never Marriad 2 Married	12. Was Dacedent Armed Forcas? 1 Yes 2 1	Ever in U,S.			lispanic Origin? an, Mexicen, Pue	(Specify Yes or No erto Rican, atc.)	- 14. Rac	ce - America ck, While, e	en Indian, etc.	
n 72 hours eft "natural", or	ed b	3 ☐Widowed 4 ☐ Divorced 15. Decedent's	Yaar or Dates:	188	a. Decedent's	Usual Occur	ation		16b. Kind of B		ite	
within ane. than	Completed	(Specify only highest of Elementary/Secondary (0-12)	grade completed) College (1-4or 5		(Give kind o	of work done OT use retired	during most of w	rorking			astry	
be filed tal Hygie d other event, the	S	17. Father's Nama (First, Middle, La	st)		Sale	S	18. Mother's N	ame (First, Middla	Automo			
ed fa	To Be	Not Obtainable	•				Not	Obtaina		,0,		
SPEE	-	19e. Informant's Name/Relationship		19	b. Mailing Add	dress (Street	and Number or I	Ru <i>ral Route N</i> umb	er, City or Town,	State, Zip	Code)	
d the		Carolyn Robino	witz/ niec		204 He			Bethesda		817		
item 2		20a. Method of Disposition	_v	20b. Place	of Disposition ery, crematory	(Name of		Date	20c. Location	City or To	wn, State	
Pege net: if int: if		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			01am			3-22-19	New Brit	tain,	Conne	ecticu
permit. Peges 1 er Department of Hea Important: If Rem 2 any injury or other once.		21. Signature of Funaral Service Lic	ensee		22. Nam			nzansky- ille Pik	Goldberg	g Memo	orial	Chape Land
		23a. Part1. Entar the diseasa, or co shock, or haart failure. List on	mplications that caused ly one cause on each iir	l lha daalh. Do	nol enter lha	mode of dyir	g, such as cerdi	ac or respiratory a	rresi,	1	Approximat Interval Bet	te
Physician /Medical Examiner		Immediate Cause (Final disease or condition		c Arres						1	Onset and	Death
Examine	L.	resulting in death)	0.	Due to (or as a	consequence	e of):						
ped ist	Examiner		b. End St	age Isc	hemic	Cardio	myopath	у		Se	veral	l year
certificate be executed dring physician end use as the buriel-transit	xar	Sequantially list conditions, if any, teading to Immediate cause. Enter Underlying Cause (Disease or injury		Due lo (or as a								
siciar buri		Cause (Disease or injury that initiated events	C	age Ren						Se	veral	l year
ficete phy s the	Medicai	resulting In death) Last		Due to (or as a								
	N/W		Metast	atic Pr	ostate	Cance	r			1	year	
the death y the etter ached for u	icia	Part II. Other significant conditions	contributing to death by	ut not resulting	In the underly	Ina couse air	en in Part I	23h Did	tobacco use co	ntribute to	the course	of death?
es thet the death ce igned by the ettendi be detached for use	Physician/					ing couse giv	on an area.		Yes 2 No	3 Prob		Unknown
ss thet gned b	by F	Chronic Obstruc	ctive Pulmo	nary טו	sease					X		
aw requires been s	Completed	Primary Thrombi	cocytosis						an autopsy prmed?	con	re autopsy f nilable prior t npletion of d teath?	to
0 5 0	Om	Anemia of Chron	nic Disease					10	Yas 2 No	1□	Yes 20	KNo
ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?					26. Place of D	eath (Check only	one)			
Physician: this certific ral director,	L _o	1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ tnpatie	nt 2 ER/O	utpetient 3	DOA Oth	er: 4 🗆 Nursing	Home 5 ☐ Resi	dence 6 □Oth	er (Specify)	
Attending Pl r death. octor: After th by the funera	ation:	27. Menner of Death 1 □Natural 5 □ Pending 2 □ Accident investigat	28a. Date of Inju (Month, Day	ry Year) 28b.	Tima of Injury M	28c. Injur Wor 1 🗆	yat k? Yes 2 □ No	28d. Describe	how injury occur	red		
7 4 4 6	Certification:	3 ☐ Suicide 6 ☐ Could not determine		ury - At home, f	arm, street, fa	ctory, office		28f. Location (City or To	Street and Numb wn, State)	oer or Rural	Route Num	nber,
To the Hospital of within 24 hours a To the Funeral D completely filled it	edicai	29a. Certifier 15 Certifying F 2 Madical Ext	Physician: To the best of aminer: On the basis of and manner sta	examination as	e, death occu nd/or investige	rred at the tin etlon, in my o	ne, date and place pinion, death occ	ce, and due to the curred et the time,	cause(s) and ma date and ptece,	anner as sto and due to	ated. the cause(s	s)
Withir To th	Me	29b. Signatura and title of certifier				29c. Licens	e number		29d. Date signe	d (Month, L	Day, Year)	
10		(o'llse	At Peo	mo.		D312	82		March 1	8, 19	98	
10		30. Name and address of person wh	o completed ceuse of de	eath (Item 23a)	(Type, Print)							
Sta		31. Data filed (Month, Day, Year)	F 4. W	y's Signature	Indiale.							



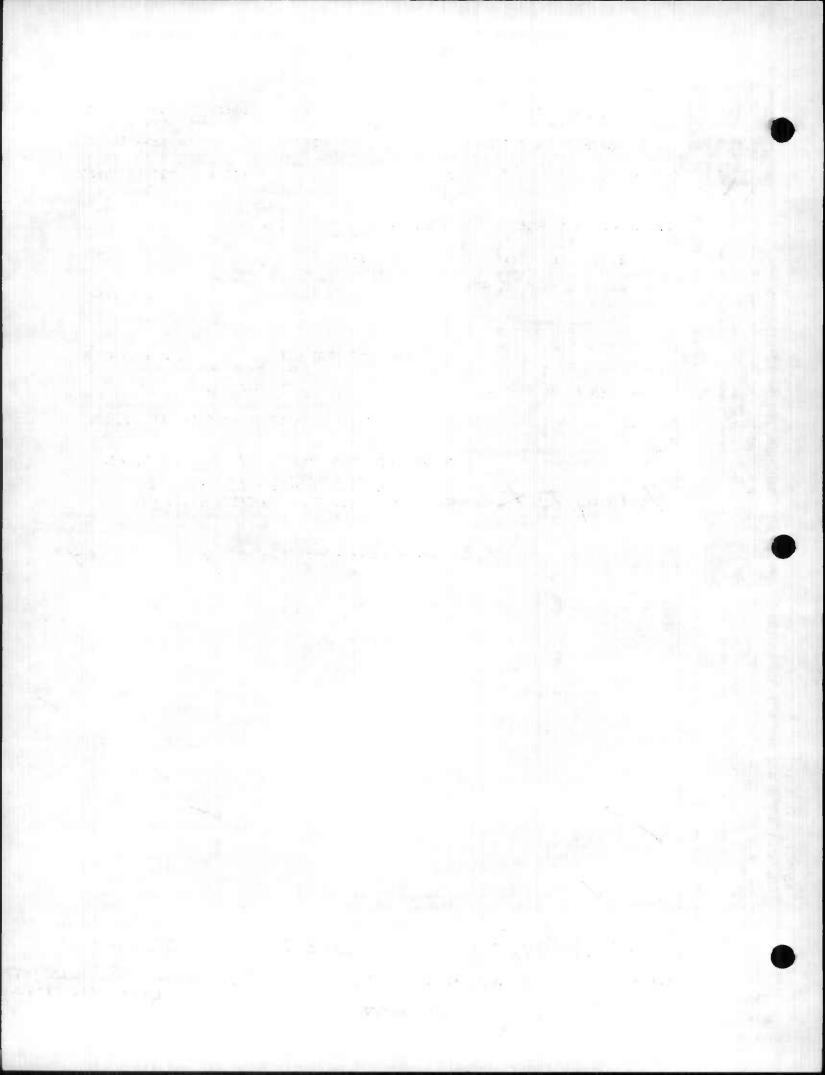
State of Maryland / Department of Health and Mental Hygiene

				,	Cer	tificate	e of	Death		Reg. No. 9	3 0	9977
Physic	ian	1. Decedent's Name (First, Middle, La	st)		101				2. Dete of De		Yaar	3. Time of Death
Physic /Medi		Harry Bloom							March		998	8:35pm
Examir		4a. Facility Name (If not institution, given		r)				4b. City, Town, or	Location of Deat	h 4c. Count	y of Death	
		8803 Sundale						Silver			gome	ry
Funeral Director		300-12-3107	Sex 7. A IXM 2□ F	Age (In yrs. la 90	st birthday) Yrs.	If Under Months	1 Year Days	If Under 24 Hrs Hours Min	. (Month, De	th ay, Year) 7,1907	9. Birthp Coun Ne	iace (Stete or Foreig try) W Jersey
pur *_		Usual Residence of Decedent 10a. State 10b. County		10c City	Town or Lo	ration						Od Incide Oire Link
the Marylan 28a-f show	5	Maryland Montgo	mary		ver						"	0d. Inside City Limits 1 ➡ Yes 2 □ No
the M 28a-f	Directo	10e. Street and Number	, mery	311	.vel	10f. Zip				10g. Citizen of	Mark Cours	Λ
th with 23a or	ā	8803 Sundale Di					910			U.S.A		uyr
Jeath w	Funeral	11. Maritel Status	12. Was Deceder	it Ever in U.S	. 13. V			lispanic Origin? (5	Specify Yes or No		ca - Americ	an Indian.
Z1Z15-0020 d within 72 hours effer death with the Maryland piene. rr than "natural", or items 23s or 28s4 show the Wedical Exagnor must be notified at	by Fur	1 ☐ Never Married 2 🖾 Merried 3 ☐ Widowed 4 ☐ Divorcad	Armed Forces 1 Yes 27 If Yes, Give Year or Dates] No				lispanic Origin? (s an, Mexican, Puer Specity:	to Rican, etc.)	Special Special	rck, White, of	etc. ite
72 hours		15. Decedent's Ed	iucation		16a. Deced	ent's Usua	Occup	ation		16b. Kind of E	Business/Ind	Justry
	Completed	(Specify only highest gra Elementary/Secondary (0-12)	de completed) Coilege (1-4o	(5+)	(Give I	kind of wor OO NOT us	k done e retire	during most of wo	orking	U.S.	Gove	rnment
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a file	Be (17. Father's Name (First, Middle, Last,						18. Mother's Na	me (First, Middle	, Malden Sumai	me)	
Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event	P	Abraham Bloom						Elizab	eth Le	v		
2 sh and is m		19a. Informant's Name/Relationship (and Number or R				
and and her to		Pearl S. Bloom	/Wife		8803	Sund	lal	e Dr. S				
Ses 1		20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 □	Removal from State	cer	ce of Dispos netery, crem	atory or of	her plac	,	Date	20c. Location		
L. Pe tmen tant:		4 ☐ Donation 5 ☐ Other (Specific	1)	Kin	g Day	id N	1em	. Gdns.	3/13/9	8 Fall	s Ch	urch, VA
paritimore, Maryland 2121 permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, fire Mental in the M		21 Signiffund Funeral Service Lice	the tru		1 v 2 8	Name and 7es-I	Addre e a	ss of Facility rson Fu son Blv	neral	Home	TT A	22221
Physician /Medical Examiner	ler	Immediate Cause (Final disease or condition resulting in death)		estiv Due to (or a	as a consequ	uenca of):		lure art Dis	P35P		1	Onset and Death
uted d ansit	Examiner	Segmentially list one divisor	b		as a consequ					_	-	
an an rial-tr		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		200 10 (01 8	as a consequ	ionica oi).						
rificate be executed physician and as the burial-transit	Medicai	Cause (Disease or Injury that initiated events resulting in death) Last	C. ————	Due to (or a	is a consequ	ence of):					-	
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attendin for use	an	_	d								1	
the at th	Physician/	Part II. Other significant conditions of	ontributing to deeth	but not result	Ing in the un	derlying ca	use giv	en in Part I.	23b. Dld	tobacco uae co	entribute to	the cause of death
that the death cer ed by the attendin detached for use		Renal F	ailure						1 🗆	Yee 20 No	3 Prob	ably 4 Unknow
signed Id be del	d by								240 10/00	an autopsy	24h We	re eutopsy findings
Physician: The law requires that the death certificate be executed this certificate has been signed by the attending physician and rail director, page 2 should be detached for use as the burial-transit	Completed								perfo	med?	con	nilable prior to npletion of cause death?
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this al dir	7°	1 Yes X No	Hospital: 1 ☐ inpat		R/Outpatlent			4 LI Nursing F	lome 5 Resid)
	Certification:	27. Manner of Death 1X☐ Natural 5 ☐ Pending 2 ☐ Accident investigation		ay Year)	8b. Time of injury	М 28	lc. Injur	yat k? Yes 2 □ No	28d. Describe	how injury occur	rred	
after data	Sertific	3 Suicide 6 Could not be determined	286. Place of In	ijury - At hom tc. (Specify)	e, farm, stre	et, factory,	offica		28f. Location (: City or Tox	Street and Numi vn, Stete)	ber or Rural	Route Number,
To the Hospital or Attending within 24 hours after death of To the Funeral Director: After completely filled in by the fun	edical	29a. Certifier (Check only one) 12 Certifying Physical Example Check only one) Certifying Physical Example Certifying	rsician: To the best lner: On the basis of and manner s	of examinatio	edge, deeth n end/or inve	occurred e estigetion,	t the tin	ne, date and plece pinion, deeth occu	e, and due to the urred et the time,	cause(s) end m deta and pleca,	enner as sta and due to	ated. the ceuse(s)
ompl	M	29b. Signature and title di certifier	2	,		29c.	License	e number		29d. Date signe	d (Month, E	Day, Year)
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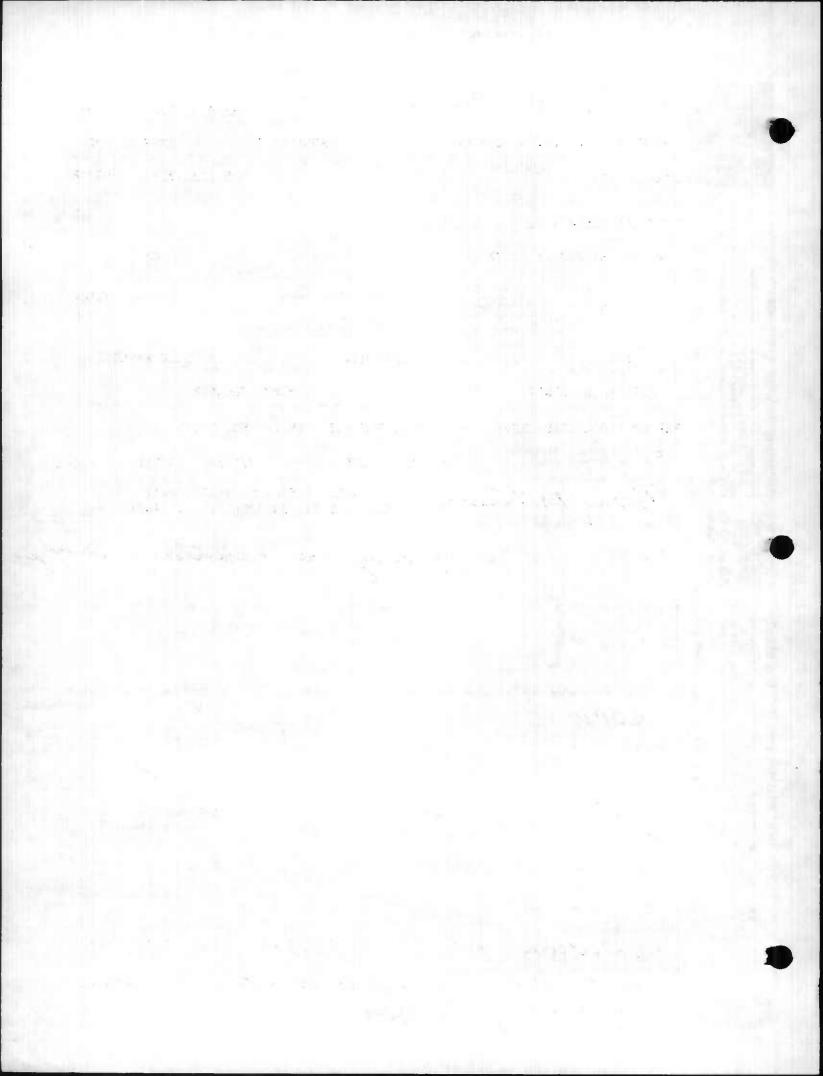


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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itam 27 other tr	PHYLLIS C		(DAUGHTI			CHAPEL osition (Nama of	VIEW DRIV	Data	20c. Location		
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** illiam Sroc MARCH 8 1998 0424 /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplaca (Steta or Foreign Country) 8. Data of Birth (Month, Dev. Year) **Funeral** 1 € M 2 □ F Months Days Hours Yrs. 62 Director 212-30-9677 Usual Residence of Decedent DELAWARE NOV. 23 1935 with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits notified at 1 X Yes 2 □ No Director MARYLAND QUEEN ANNE CHESTER 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "naturel", or items 23s or APT. 10 RIVERSIDE DRIVE 21619 US permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health end Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a and hyllury or other traumatic avent, the Medical Examiner must page. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: BLACK þ 3 ☐ Widowed 4 ▼ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Collega (1-4or 5+) Elementary/Secondary (0-12) 6th WATERMAN SELF EMPLOYED 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be WILLIAM L. BROCK ALENE JACKSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) WALTER BROCK (BROTHER) P.O. BOX 466 CHESTER, MD. 21619 20b. Place of Disposition (Name of cometery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MT. OLIVE CEMETERY 3/14/98 LAUREL, DELAWARE 21. Signature of Funeral Service Licensee 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. & sess 23a. Part1. Enter the discess, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 21401 shock, or heart fail, e. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) with metastasis Examiner Examiner physician and s the bunal-transit requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 89 957 o signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy Completed certificate hes tirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Presidence 6 Other (Specify) 1 Yes 21 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: i or Attending P after death. Director: After t d in by the funers After 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after des To the Funeral Director completely filled in by th 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and menner es steted. 29e. Certifier Medical (Check only one) 2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29b. Signatura and title of certifier 29c. License number 1616Mlum, 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) St, Chestertown, MD K. Wew 223 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State MAR 13 1998 I hie Savidson-Randall Registrar

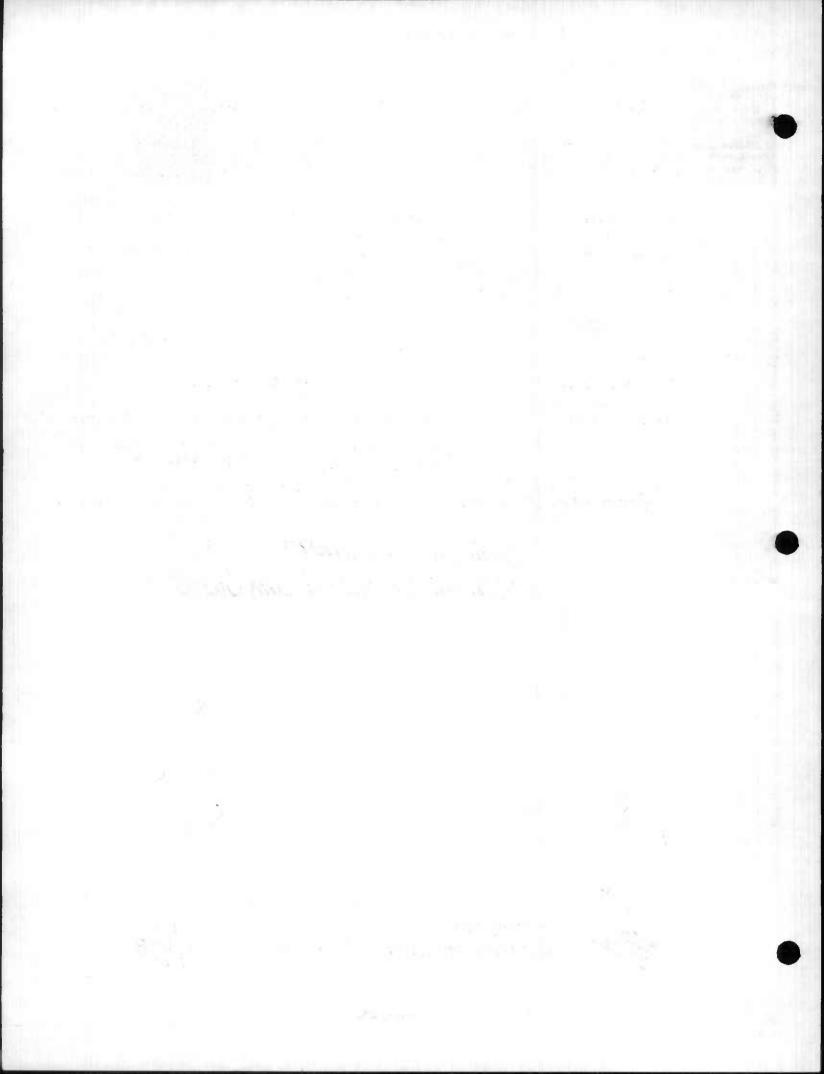


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Warren Boxley 1998 10:59 AM Tiee March 3, /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3335 Woodland Avenue (City) Baltimore None If Under 1 Yaar If Undar 24 Hrs. 8 Date of Birth Months Days Hours Min. Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) 8 Virginia **Funeral** Months 1**X** M 2□ F 230-64-1353 Yrs 50 Director 11,1948 Usual Rasidance of Dacedent with the Maryland 10a. Slete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or herm 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Maryland None TY Yes 2 No Directo Baltimore 10e. Street and Number 10g. Citizen of What Country? United States 10f. Zin Code 3335 Woodland Avenue 21215 of America deeth 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Dacedanl Evar in U,S. 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puanto Rican, atc.) 11. Marital Status Armed Forcas?

1 ☐ Yes 22 No
If Yas, Giva
Yaar or Datas: 2 should be filled within 72 hours efter end Mental Hygiene. Is marked other than "natural", or ite Navar Married 2 Married Saltimore, Maryland 21215-0020 Specify: Black 1 Yes 2 No Specify ò 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Auto Repair Elemantary/Secondary (0-12) Cotlega (1-4or 5+) Auto Mechanic 11 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) Be Elder Lee Boxley Mae Lois Culley 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Address (Straet and Number or Rural Routa Number, City or Town, State, Zip Code) Pages 1 end 2 s ment of Health en ant: If Itam 27 is r Elder Lee Boxley 97 Woodlanding Road, Fredericksburg, Virginia 22405 other 20a. Mathod of Disposition 20b. Place of Disposition (Nama of _20c. Location - City or Town, Stata Fredericksburg, Data Barnett and Boxley March 7 permit. Pages Department of Important: If Its any Injury or c 1 M Burial 2 ☐ Cremelion 3 ☐ Ramoval from Stata Virginia 4 Donetion 5 Othar (Specify) 1998 Family Cemetery 22. Nama and Addrass of Fecility 21. Signatura of Funaral Sarvice Licenses #M00690 A. L. Bennett Funeral Home, Inc loward & auso 515 Princess Anne Street, Fredericksburg, VA 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset end Death Physician /Medical Immediata Ceusa (Final diseasa or condition rasulting in death) **Examiner** Cell Lung Concer Examiner sician and burial-trensit Sequantially list conditions, if any, leading to Immediata cause. Enlar Undarlying Causa (Disaasa or Injury thet Initieled avants rasulting in daath) Last physician s the burial Box 68760. certificete be Physician/Medical Dua to (or as a consequence of): SE USB ŏ Division of Vital Records, P.O. the detached Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by 2 24b. Wara autopsy findings eveilabla prior to complation of causa of deeth? 24a. Was an autopsy Completed peed paga 2 has certificate 1 Yas 2 No Be 25. Was casa rafarred to medical exeminer? / 26. Place of Death (Check only one) 1 Yas 2 No Hospital: Othar: 4 Nursing Homa oma Standance 6 Othar (Specify)
28d. Describe how injury occurred 0 1 Inpatient 2 ER/Outpatiant 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? After 1 Natural 2 Accident Attending 5 Panding I or Attending after death. Director: Aft 1 Yas 2 No invastigation 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital of 24 hours a
 Funeral D Certifying Phyatoten: To the bast of my knowledge, death occurred et the time, data end place, end due to the ceuse(s) end manner as steted.

Medicat Examinar: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifie Medical (Check only one) To the within 2 To the F J. JOSHI MI) 29b. Signatu 29c. Licanse numbe 29d Pale signed (Month, Dev. Year) 9 30. Neme eddress of person who completed causa of daath (ttam 23a) (Type, Print) 2435 West Belvedere Avenue, Baltimore, Maryland 21215 Joshi, M.D. 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature State wha Davidson MAR 12 1998 Mandelle Registrar



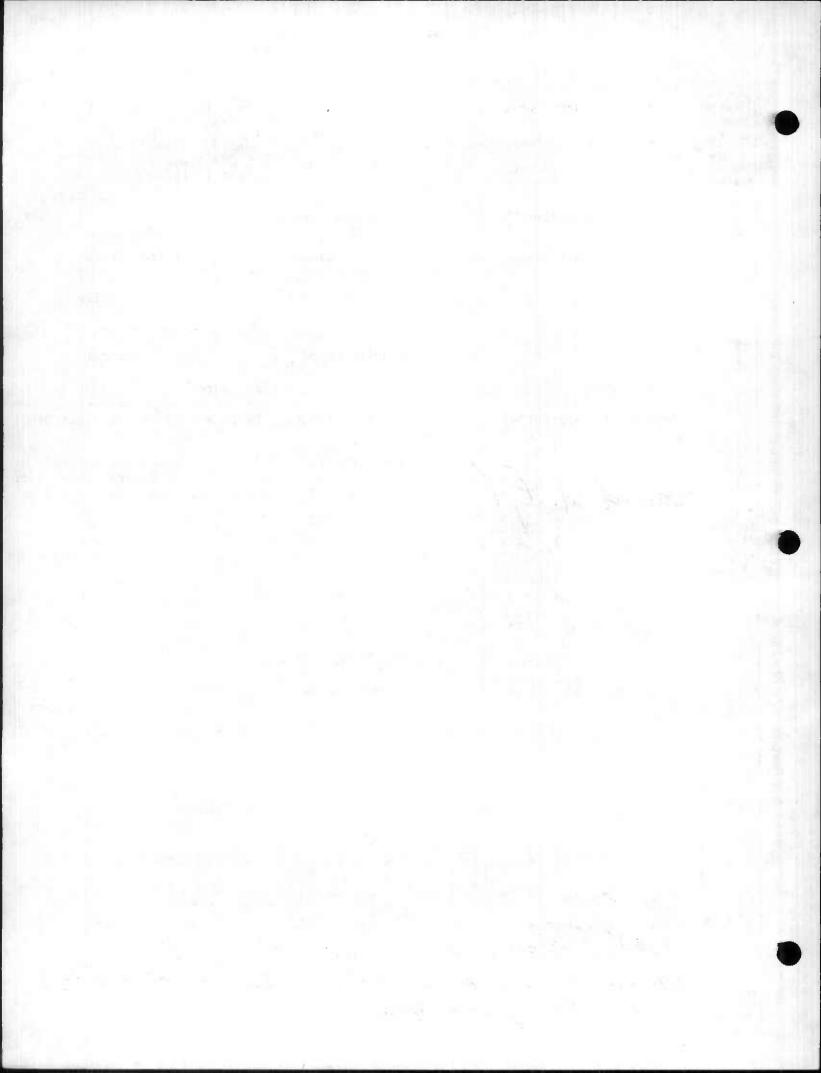
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend#17 A.A.Co. HLUCertificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 13:40 pm March Blair Bernard Busic /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner (cumbridge Dorchester General HOSP, tal If Under 1 Year if Under 24 Hrs. OB. Dete of Birth (Month, Dey, 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 1X M 2□ F Yrs. Director 316-28-7619 Sept 19 1923 Virginia Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 26s-f show the Medical Examiner must be notified at MD Dorchester Director East New Market 1 ☐ Yes 2 ☐XNo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5639 Mt. Holly Road 21631 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1∑Xes 2□No 1943— if Yes, Give Year or Detes: 1946 1 ☐ Yes 21/10 Specify: Completed by White 3 Widowed 4 Divorced 1946 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Security Guard Security 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Floyd Music Nina Moore 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) .00 5639 Mt. Holly Road East New Market, Maryland 21631 Jewell K. Busic (Wife) or other tr 20b. Pieca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Crematory 3/9/98 Brentwood, Maryland Signeture of Funerel Service Licenses 22. Name and Address of Facility John M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or hear failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical e10 Pert il. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco una contributa to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Osteo perosis 24e. Wes en eutopsy performed? Enpression Fractores 1 Yes No or Attending Physician: 25. Wes case referred to medical exeminer? Be 28. Piece of Deeth (Check only one) Hospital: 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 8 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Naturel 2 ☐ Accident death. 1 Yes 2 No In by the 24 hours efter dea Funeral Director 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide Hospital The certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner es steted.

I medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner steted. Medical 29e. Certifier (Check only one) within 2 29b. Signature end titie of 29c. License number 29d. Date signed (Month, Dey, Year) of deeth (Item 23e) (Type, Print)

32 Registrer's Signature

a Davidson

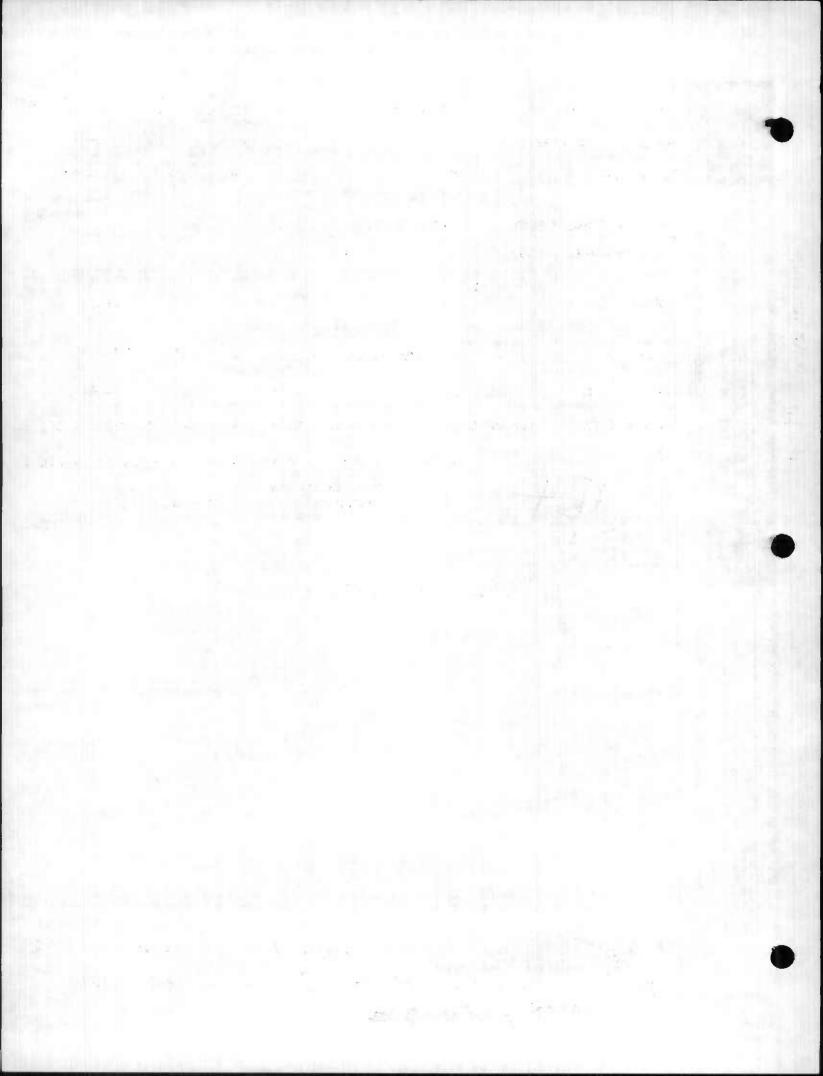
State Registrar



RUTH BARBOUR More. Maryland 21215-0020

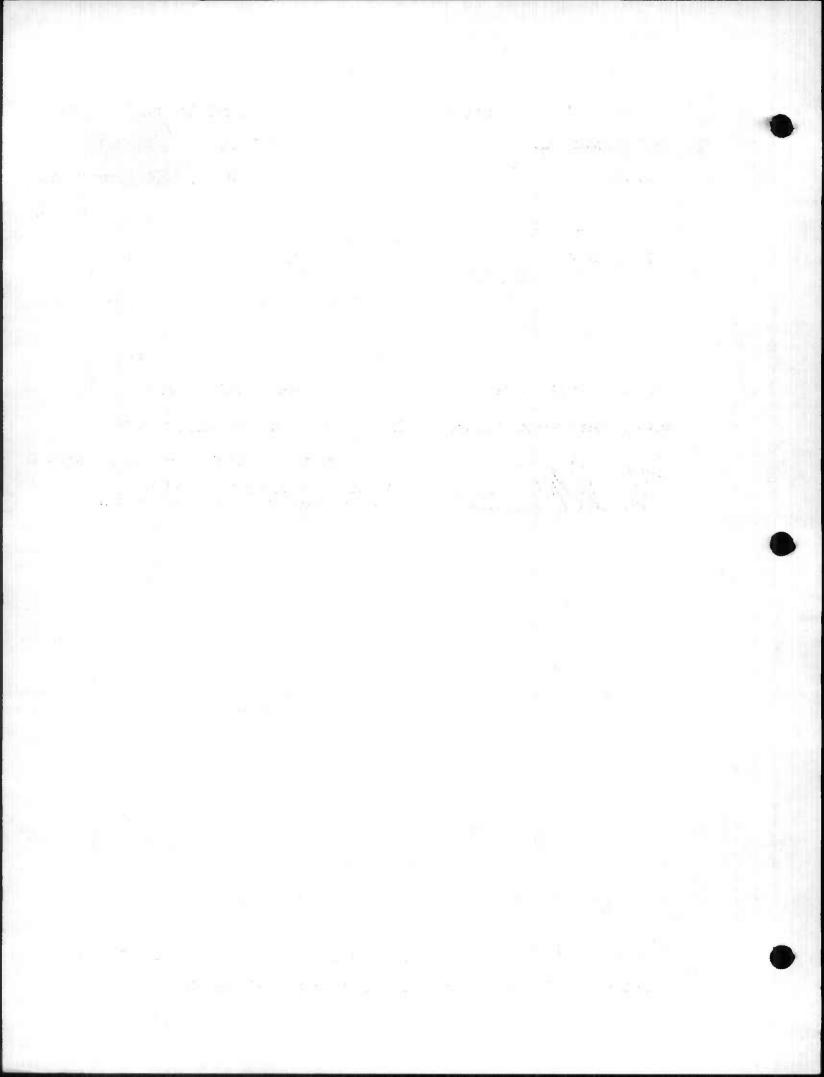
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Physic	ian	1. Decedent's Name (First, Mic	idle, Last)						İ	2. Dete of D	eeth Dey	Year	3. Time of Death
/Medi			MARSHA			RBOUR				Nan	h 4	1998	4:05 P.M
Exami	ner	4e Fecility Neme (If not institut			n <i>ber</i>)		4	lb. City, Tow	m, or Lo	cation of Dee	th 4c. Coun	ity of Deeth	
		NORTH ARUNDEL 5. Sociel Security Number	HOSPI:	PAL	7. Age (In yrs. las	t hirthday)	If Under 1 Yeer	GLEN If Under 2		RNIE 8. Dete of B		E ARU	
Funeral Director		230-12-8354	1 M	2 ½ F	78	Yrs.	Months Deys	Hours	Min.	(Month, D	ey, Year) 7, 1919		plece (State or Foreign ntry) GINIA
pu *		Usuel Residence of Decedent 10a. Stete 10b. Cour	ity		10c. City,	Town or Loc	ation			-		T	10d. Inside City Limits
1215-0020 within 72 hours effer death with the Maryland ene. then "natural", or itema 23a or 28a-f show he Medical Evanines must be notified at	Director	MARYLAND ANNE	ARUNDI	EL	GLE	EN BUR							1 ☐ Yes 2 💢 No
3a or 2		10e. Street and Number 300 CHALMER	S AVENU	JE			10f. Zip Code 21061				10g. Citizen o		ntry?
deati	Funeral	11. Maritel Stetus			edent Ever in U,S.	13. W	es Decedent of H Yes, specify Cuba	ispenic Origi	in? (Spe	city Yes or N	o- 14. R	ace - Ameri	
Maryland 21215-0020 d 2 should be filed within 72 hours efter in end Mental Hyglene. The marked other than "natural", or ite traumatic event, the Medical Examer.	by Fu	1 Never Merried 2 M 3 XWidowed 4 Divorce	arried 1	Armed Fo I Yes If Yes, Giv Yeer or Di	2 (2No		☐ Yes 2 No	Specify:	Pueno	nican, etc.)	Spec	leck, White, city: WH	etc. ITE
72 hours		15. Deced	ent's Education	on .		16e. Deced	ent's Usual Occup	ation	- 6		16b. Kind of		
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Aar 2 sh end le m le m		19e, Informent's Neme/Relation	nship (Type, I	Print)		19b. Meiling	g Address (Street	end Number	r or Rure	I Route Num	ber, City or Tow	m, Stete, Zij	o Code)
re, M s 1 end 2 f Health them 27 I		KAREN WAGNER 20e. Method of Disposition	(1	DAUGH		300 C	HALMERS sition (Neme of	AVENUE	E, G	LEN BU	RNIE, M	ARYLA	ND 21061
OF HE HE		1 ₺ Buriei 2 ☐ Cremetio		vai from	com	etery, crem	etory or other plea	e)		Dete	200. LOCATION	in City or I	OWII, Stele
Baltimore, M permit. Peges 1 end 2 Department of Health important: if item 27 is any injury or other tra once.		4 Donetion 5 Other			GLEN	-	N MEMORI			/5/98	GLEN	BURNI	E, MARYLAND
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		20 20 10 10 10	2		and the state	1	SECOND A	VE. S.	.W.,	GLEN	BURNIE,	MD 2	
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De tis	Examiner		b	CON	GESTIV		PAZ-	MAI	M	RE.			
60, be executed ician and buriel-transit	Еха	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury			Due to (or e	s e consequ	ience of):						
8760, sate be execut hysician and the buriel-tran	dicai	that initieted events	C		Due to (or a	s e consedu	ence of):						
	Ped	resulting in deeth) Lest			Due to (or a	a e consequ	ienoe orj.					1	
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O. B ne deet the attr	SICI	Part II. Other significant cond	tions contribu	uting to de	eath but not resulti	ng in the un	derlying ceuse giv	en in Pert I.		23b. Die	I tobacco uae	contribute t	o the cause of death?
at the	y Physician/Med									10	Yes 212 No	3 □ Pro	bably 4 Unknown
Division of Vital Records, or attending Physician: The law requires the first death. Director: After this certificate has been signed in by the funeral director, page 2 should be did not be the funeral director, page 2 should be did not be the funeral director.	ed by									24a. We	s en eutopsy	24b. W	ere autopsy findings valieble prior to
ecord aw requir	Completed								_	per	formed?	CI	ompletion of cause deeth?
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of Vital Re Physician: The li this certificate he ral director, page	To B	examiner? 1 Yes 2 No	Hosp	ital: 1 🖎	npatient 2 EF	VOutpetient	3□ DOA Oth	Ar'			sidence 6 🗆 C	Other (Speci	(fy)
on of	ü	27. Manner of Deeth	2	8a. Dete	of Injury th, Dey Year)	8b. Time of Injury	28c. Injur Wor	y at k?	1	28d. Describe	how injury occ	urred	
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Division of the or Attended of the deat deat din by the	tific	3 Suicide 6 Cou	d not be mined 2	8e. Plece	of Injury - At hom- ng, etc. (Specify)	e, farm, stre	et, fectory, office		1	28f. Location City or To	(Street end Number)	mber or Rur	rel Route Number,
Disserted in District Indian	Ce	/											
Divisit To the Hospital or Attent within 24 hours effer deal To the Funeral Director: completely filled in by the	edical Certification:		ai Examiner:	On the be	best of my knowle asis of examinetion ner steted.								
To the	Me	29b. Signeture end title of certi	lier				29c. Licens	e number			29d. Date sig	ned (Month	Dey, Year)
		1 100		m	0		D 42	977	7		Man	en a	4 1998
		30. Neme end eddress of person	n who compi			3e) (Type, F	Print)				I. C. V. C		1119
		Common One	imin	. 3	01 1100	12/	Drive.	Calen	Bh	me	mp	21	061
Sta	ate	31. Detectied (Month, Day, Ye.			egistrer's Signetur	re		- Aller	1				
Regist	rar	MAR 10	1998	gu	hia Davidson	-ganda	38						

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State of Maryland / Department of Health and Mental Hygiene

			Cer	rtificate of	Death	R	eg. No.	0998	33
П	Dhunis		Decedent's Nama (First, Middla, Last)			2. Data of Deat Month	•	3. Tim	a of Death
Л	Physic /Medi		Ruth Alberta Brannon				4, 1998		M
9	Exami		4a. Facility Nama (If not institution, giva street and number)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
			2215 Creswell Rd.	Milede d Mar		Air		rford	
	Funeral Director		5. Social Security Number 176-26-0524 Usual Rasidance of Decedant	If Under 1 Year Months Days		8. Date of Birth (Month, Day, Aug. 3,	Year)	9. Birthplaca (Sta Country) Pennsylv	
	Manyland f show	tor	10a. Stata 10b. County 10c. City, Town or Loc						a City Limits
	1 the	Director	Maryland Harford Bel A: 10e. Street and Number	10f. Zip Code		1	0g. Citizan of V	What Country?	
	th with	alD	2215 Creswell Rd.		21015		US	SA	
21215-0020	be filed within 72 hours after death with the Maryland Nai Hyglene. Id other than "haturat", or items 23a or 28a-f show event, the Medical Examinar must be notified at	by Funeral	1 ☐ Naver Married 2 ☐ Married 1 ☐ Yas 2√☐ No	Was Decedant of f Yas, specify Cut 1 ☐ Yas 2 ☐ No	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Biad	e - Amarican Indiar ck, Whita, atc. :: White	3.
5-0	72 h	Completed	15. Decedent's Education 16a. Deced (Specify only highast grada completed) (Give	dant's Usual Occu kind of work dona	pation a during most of work	ing	16b. Kind of B	usiness/Industry	
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an	d be antal	o Be	Elmer (u/k) Horn		Dora	(u/k)	Robb	10)	
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	nd 2 aith aith 27 is r trau				ell Rd.,				
re,	f Her f Her item othe		20a. Mathod of Disposition 20b. Place of Disposition					City or Town, State	a
Ĕ	Page nent c nrt: H nry or		1 the Burial 2 □ Cramation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Darlingto	,		-18-98	Darling	gton, Mar	yland
Baltimore,	permit. Pages 1 and 2 should be Department of Health and Mente Important: If Item 27 Is marked any Injury or other traumatic es once.		1/4 ////// 4/4 HK		McComas				
			23a. Part I Enter the disease, or complications that caused the death. Do not ante shock or heart failure. List only son each sine.		sbury Rd.			Approxi	mata Between
	Physician /Medical Examiner	er	immediate Cause (Final disaasa or condition rasulting in daath) a. Contact Gun Shot Due to (or as a consequence of the contact of the contac		of Head			Onset a	ind Death
,0	cate be axecuted physician and s the burial-transit	Medical Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury c.	uence of):					
Box 68760,	\$ 0 a	n/Medica	rasulting in death) Last Due to (or as a consequence of the control of the contr	uance of):					
	death e atte	icia	Part II. Other significant conditions contributing to death but not resulting in the un	ndariving causa g	ivan in Part I	23h. Did to	bacco use co	ntributa to the cau	se of death?
s, P.O.	es that the death cer igned by the attendir be detached for use	by Physician/	Depression	Touris and Succession of the Control			s 2⊠ No	3 ☐ Probably	
Hecord	aw requir	Completed t				24a. Was a perform		24b. Were autop available pr complation of death?	for to
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Division of Vital	this cal din	1°	1 G Yas 2 □ No Hospital: 1 □ Inpatiant 2 □ ER/Outpatient 27. Menner of Death 28a. Data of Injury 28b. Time of	I 3 DOA		oma 5 Rasida			
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S	7555	ert	4 Homicida datamined building, atc. (Specify) Living room resid			City or Towr		Dood	
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	cal C	29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death	occurred af tha t	ima, data and place,	and dua to tha ca	reswell	annar as stated.	
	the Hi in 24 the Fi	edical	(Check only one) 2 Medical Examiner: On the basis of axamination and/or inv	astigation, in my	opinion, daath occur	red at tha tima, de	ata and piace,	and dua to tha caus	30(S)
	To t To t	Σ	29b. Signatura and fitta of certifiar	29c. Lican	sa number	2	9d. Data signe	d (Month, Day, Yea	r)
			Mannih DME	OCME			March	16, 1998	3
			30. Nema end address of person who completed cause of death (Item 23e) (Type, F	Print)					
			G.S. Prabhu M.D. 218 Fulford Aver Bel 31. Data filed Month. Day Yang 08 32 Applicates Signature	Air MD 2	21014 410	-879-656	54		
	Sta	ite	31. Data filed Month, Day, Yaad 98						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** BOYLE HOWARD MARCH 10.45 PM THOMAS 1999 12 /Medical 4e. Fecility Name (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore

If Undar 24 Hrs. 8. Dete of Birth
(Month, Dey, Year)

July 23, 1933 Good Samaritan Hospital If Undar 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1X M 2□ F Months Days Yrs. 584-42-0284 Director 64 Pennsylvania Usual Residence of Decedent the Marylend 10e State 10h County 10c. City, Town or Location 10d. Insida City Limits na 23a or 28a-f show 1 Yes 2 □ No Director Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 2515 Boston Street 21224 U.S.A. Funeral Hems ? 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11 Marital Status "natural", or Itan filed within 72 hours after 1 Never Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) the Medical 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry ith and Mental Hygiene.
27 is marked other than "r traumatic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) Priest Religion 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) . Peges 1 end 2 should be filt from of Health and Mental Hy fant: If Item 27 Is marked oth jury or other traumatic even Be Howard T. Boyle Lillian Wack 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karolyn M. Boyle (Sister) 570 E. Parker Ave., Philadelphia, PA 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Buriel 2 ☐ Cramation 3 ☐ Removel from Steta Department of Important: If eny injury or once. Mt. Erin Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 3/16/98 Havre de Grace, MD 22. Name and Address of Fecility
Tarring-Cargo Funeral Home, P.A. 21. Signature of Fuperal Sarvice Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dylng, such as cardiac or respiratory arrast, shock, or haart feilure. List only one cause on each line. 21001-3399 Approximate nterval Betw Onsat and Death **Physician** /Medical Immediete Ceuse (Final ESOPHAGEAL disaasa or condition rasulting in death) Examiner Due to (or es e consequence of) Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last pur Due to (or es a consequence of): P.O. Box 68760. Physician/Medical the Due to (or as a consequenca of) 28 9SD Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Nnknown Records, by should be d 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 ☐ Yas 2 No certificate of Vital or Attending Physician: funeral director. 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To this 28e. Date of Injury (Month, Day Year) 27. Menner of Death 28b Time of 28d. Describe how injury occurred 28c. Injury at Work? After Division 1 Accident 5 Pending efter death. 1 Yes 2 No invastigation 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide in by 4 Homicide within 24 hours e To the Funeral D completely filled pelli Hospital 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated. 29a. Certifier Medical

To the 20

SANJAY SETHI , GOOD SAMARITAN 31. Date filed (Month, Day, Yeer) State MAR 1 6 1998 Registrar

29b. Signature and little of certifier

HOSPITAL, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 32. Registrar's Signeture Vavelson Randell

30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print)

AM

29c. Licansa number

51697

29d. Date signed (Month, Day, Year)

MARCH 12, 1998

response to the suppo

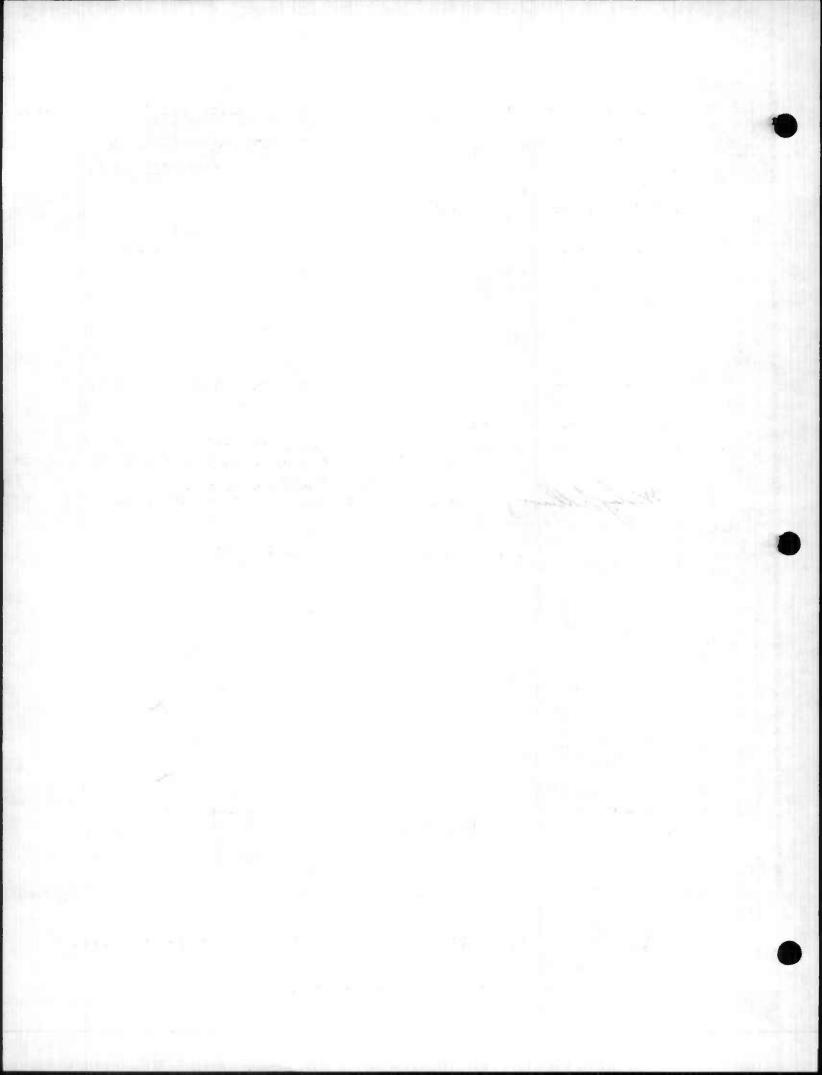
August Fabrus - De mark Fabrus III

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programmer and the first transfer to the contract of the contr

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ()

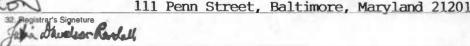
		1. Decedent's Name (First, Middle,	Last)						Date of Deet		1,72	3. Time of Death
hysicia /Medic		Margaret	Ellen	E	rown				Month	13, 1	Yeer	4:50 a.
xamin	_	4a. Facility Name (If not institution,	giva street and no	umber)	TOMI		4b. City, Town				ty of Death	11.50 4.
Ш.		6760 Leslie A	venue				Bryar	ns Ro	oad	Cha	rles	
neral ector		5. Social Security Number 033-24-5536 Usual Residence of Decedent	6. Sex 1 □ M 2 1 F	7. Age (In y 72	rrs. last birthday Yrs.	y) If Under 1 Y Months D		Min. Ma	Date of Birth (Month, Day, BICH 2	5,7925	9. Birthi Main	place (Stata or Fore
ried at	tor	10a. State Maryland Charl	.es	10c. Br	city, Town or I Yans Ro	Location Dad					1	10d. Inside City Lim
mt be not	Funeral Director	10e. Street and Number 6760 Leslie Ave.				10f. Zip Co 2061			1	0g. Citizen of U.S		ntry?
		11. Marital Status 1X Never Married 2 Married 3 Widowed 4 Divorced	Armed F	2 No live	n U,S. 13	. Was Decedent If Yas, specify 1 ☐ Yes 2	of Hispanic Orlgin Cuban, Mexican, F No <i>Specify:</i>	n? (Specify Puerto Rica	Yes or No- an, atc.)	Ble	ace - Amaric ack, White, ify: Whi	etc.
e Medical	Completed by	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	grade complatad)	(1-4or 5+)	(Giv		ccupation one during most or otired) Technic			Chemi		dustry
rent, In	ပ္ပ	12 17. Father's Name (First, Middle, La	oct)		Б	OLLIE						Company
9 0	o Be	Walter True Brow	,				Madel		Hunt	Aaiden Surne	m <i>e)</i>	
Ę	T _o	19a. Informant's Name/Relationship			19b. Mai	iling Address (St	reet and Number of				n, State Zir	Code)
or trai		John Hunt Brown		3rother	Same	e as #10)					,
any injury or other to		20a. Method of Disposition 1 Burial 2 X Cremation 3 4 Donation 5 Other (Spe	Removal from				placeMarch			20c. Location		own, Stata La, Virgi
any injury once.		21. Signature of Funeral Sarvice Lie			Í	22. Nama and Ad Williams	ddress of Facility Funeral	Home	e, P.A			
		23a. Part 1. Enter the diseasa, or co shock, or than failure. List or	omplications that	MOO6			vthorne F dying, such as ce				Ma.	Approximate
iclan												Interval Between Onset and Death
dical niner	xaminer	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Cf			OF- equence of):	BR					Onset and Death
dical as the private	n/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a	Due to	ER o (or es e conse	oquence of):						Onset and Death
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page 2 should be detached for use as the bunal-transit	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	b	Due to	ER o (or es e conse	equence of):	B R2 e given in Part I.	EA.	23b. Did to 1 Ye 24e. Was air perform 1 Ye	n eutopsy ned?	3 Prol	o the cause of deaf
al director, paga 2 should be datached for use as the bunal-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificent conditions 25. Was case referred to medical examiner? 1 Yes 2	b	Due to Due to death but not r	EROutpatie	equence of): equence of): equence of): undarlying ceuse	26. Place of Other:	Deeth (Cr	23b. Did to 1 Ye 24e. Was an perform 1 Ye heck only one	n eutopsyned?	3 Prof	o the cause of dear bably 4 Unknown price autopsy finding elieble prior to mpletion of cause deeth?
al director, paga 2 should be datached for use as the bunal-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificent conditions 25. Was case referred to medical examiner? 1 Yes 27. Magner of Death 1 Natural 5 Pending invastigat 2 Accident 3 Suicida 6 Could not	b	Due to Due to Due to death but not of linpatient 2 of linjury nth, Day Year,	o (or es a conse	equence of): equence of): undarlying ceuse ent 3 DOA of 28c. i	26. Place of Other: 4 Nursi	Deeth (Cr ng Home 28d.	23b. Did to 1 Ye 24e. Was ar perform 1 Ye theck only one Describe ho	n eutopsy ned?	3 Prol	o the cause of deal bably 4 Unknown of cause deeth? Yes 2 No
al director, paga 2 should be datached for use as the bunal-transit	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificent conditions 25. Was case referred to medical examiner? 1 Yes 2 10 27. Magner of Death Natural 5 Pending invastigat 3 Suicida 6 Could not determine	b	Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or es a conse	equence of): equence of): equence of): undarlying ceuse ent 3 DOA of 28c. i M	26. Place of Other: 4 Nursin niury at Work? 1 Yes 2 No ice	Deeth (Cr) ng Home 28d.	23b. Did to 1 Ve 24e. Was an perform 1 Ye beck only one 5 to side Describe ho Location (Str.	n eutopsy ned? s No e) unce 6 Otw injury occu	3 Prol 24b. Winese Section of 15 Proceedings of 15 Proceedings of 15 Proceedings of 15 Proceedings of 15 Proceedings of 15 Proceedings of 15 Procedure of 15 P	onset and Death othe cause of death bably 4 Unknown ere sutopsy finding seleble prior to mpletion of cause death? Yes 2 No
taly filled in by the funeral director, page 2 should be datached for use as the bunal-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificent conditions 25. Was case referred to medical examiner? 1 Yes 27. Magner of Death 1 Natural 5 Pending invastigat 2 Accident invastigat 3 Suicida 6 Could not datermine 29a. Certifier Certifying	b	Due to Due to Due to Due to Due to Due to Due to Due to	o (or es a consector of consect	equence of): equence of): equence of): undarlying ceuse ent 3 DOA of 28c. i M treet, factory, off	26. Place of Other: 4 Nursi	Deeth (Cr. ng Home 28d.	23b. Did to 1 Ye 24e. Was an perform 1 Ye beck only one 5 Toside Describe ho	n eutopsy ned? s No e) nnce 6 Other injury occurrect and Num , State)	3 Prol 24b. Www.co.of	o the cause of death o the cause of death bably 4 Unknown ere eutopsy finding eileble prior to mpletion of cause deeth? Yes 2 No
pletaly filled in by the funeral director, page 2 should be datached for use as the bunal-transit	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificent conditions 25. Was case referred to medical examiner? 1 Yes 2 10 21 Accident invastigat invastigat 3 Suicida 6 Could not datermine (Check only 2 Medical Examiner) 29a. Certifier (Check only 2 Medical Examiner)	b	Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or es a consector of consect	equence of): equence of): equence of): undarlying ceuse ent 3 DOA of 28c. i M treet, factory, off th occurred at the nestigetion, in recovered at the nestigetion.	26. Place of Other: 4 Nursi Nigury at Work? 1 Yes 2 No ice	Deeth (Cr. ng Home 28d.	23b. Did to 1 Ye 24e. Was an perform 1 Ye theck only one City or Town due to the ce t the time, de	n eutopsy ned? s No e) nnce 6 Other injury occurrect and Num , State)	3 Prol 24b. We every conformal formal	o the cause of dea bably 4 Unknown of cause deeth? Yes 2 No No the cause of dea bably 4 Unknown of cause deeth? Yes 2 No No No No No No No No No No



State Registrar 30. Name and add

31. Dete filed (Month, Dev.

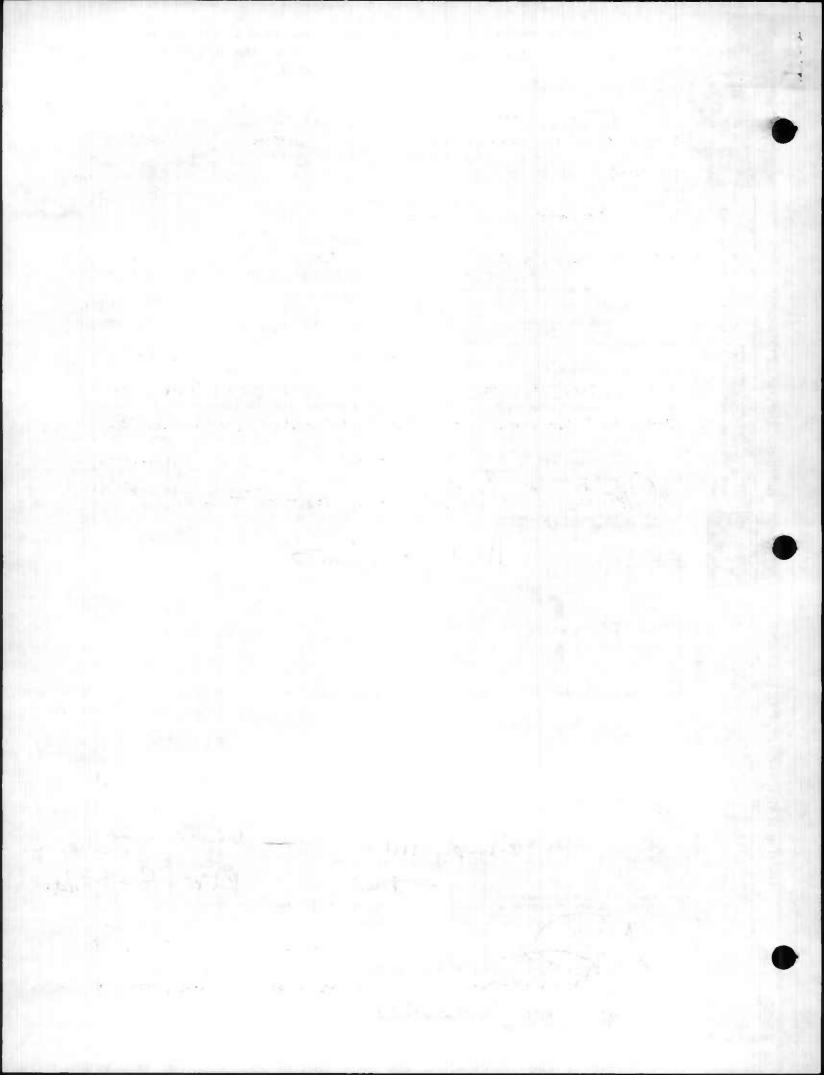
MAR 1 8 1998



o completed cause of deeth (Item 23a) (Type, Print)

O.C.M.E.

MARCH 15, 1998



State of Maryland / Department of Health and Mental Hygiene | | Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Dev Mary J. Burns March 17, 1998 /Medical 4:25AM 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Livingston Health Care Center Ft. Washington P1

If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) Prince George's If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthpleca (Stete or Foreign Country) **Funeral** Deys 1□ M 2 F Months 577-38-4682 82 Yrs. Director Moorefield, W. Va Usuel Residence of Decedent death with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumetic event, the Medical Examinar must be notified at Maryland Prince George's 1 Yes 2 No Director Accokeek 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20607 USA 18121 Indian Head Highway Box114 Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 1 ☐ Yes 2XXNo If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes 2 ☐XNo Specify: White 3 ☐Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife At Home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) . Peges 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 is marked oth lury or other traumatic even 18. Mother's Neme (First, Middle, Maiden Sumame) Be Unknown Lula Cook 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Evelyn A. Johnson/Sister 12160 Ell Lane Waldorf, Md. 20602 20e. Method of Disposition
1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from State 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, State Dete permit. Pege Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 3/17/98 Alexandria, Va. 21. Signeture Funeral Service Licansee 22. Name and Address of Facility
George P. Kalas Funeral Home ac 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, is, or heart feilure. List only one cause on each line. Approximate Intervel Betw Onset and Deeth **Physician** /Medicai Immediete Ceuse (Fine) neumonia 4 Weeks diseese or condition resulting in death) **Examiner** Due to (or es e consequença of): Examiner aldio Pulmonory The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Lest and use as the burial-tren Due to (or es e consequence of) P.O. Box 68760, ettending physician for use as the buria Physician/Medicai Due to (or as e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? peen hes 1□ Yes 20 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Wes case referred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 📉 No P 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA After this nours after death.

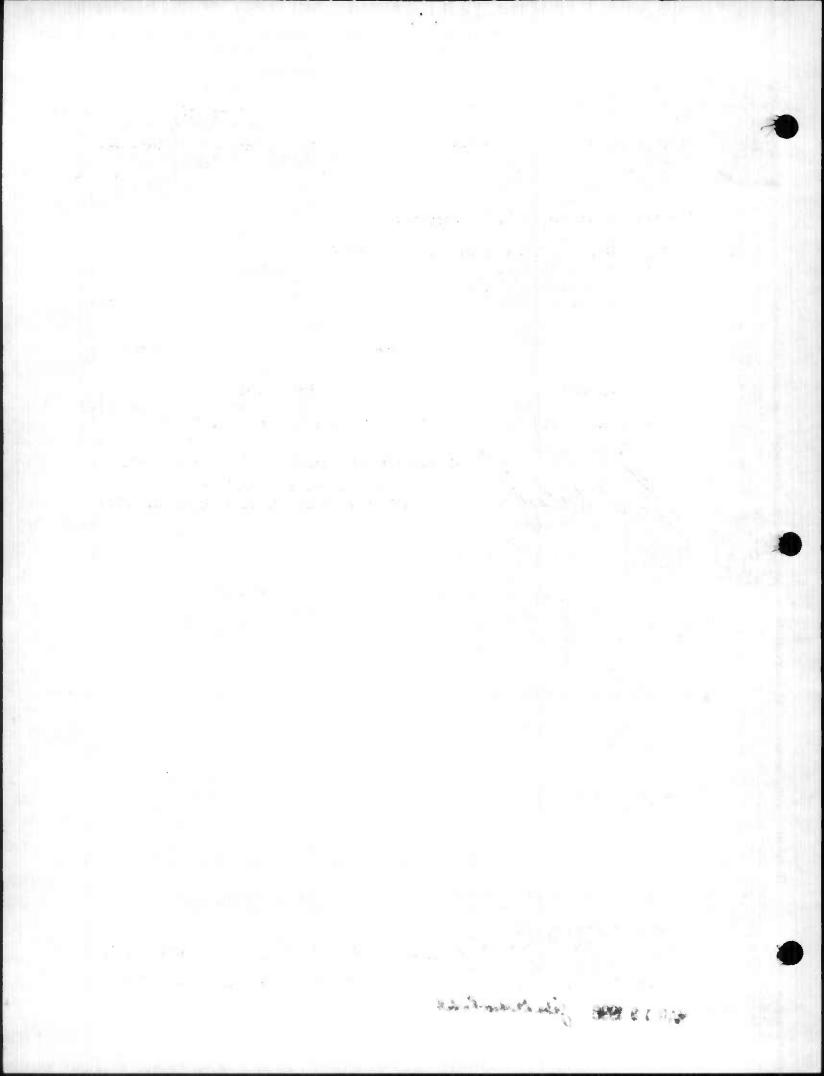
neral Director: After this
filled in by the funeral d 27. Menner of Deeth Certification: 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 6 To the Hospital of within 24 hours af Medicai 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.

2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and pleca, end due to the cause(s) end menner stated. (Check only one) 29b. Signature end title of central 29c. License number 29d. Dete signed (Month, Day, Year) D24064 March 17, 1998 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Shantha K. Murthy, M.D. 650 Penn. Ave. S.E. WAshington, D.C. Suite 380 32. Registrats Signatur 31. Dete filed (Month, Dey, Year)

State

Registrar

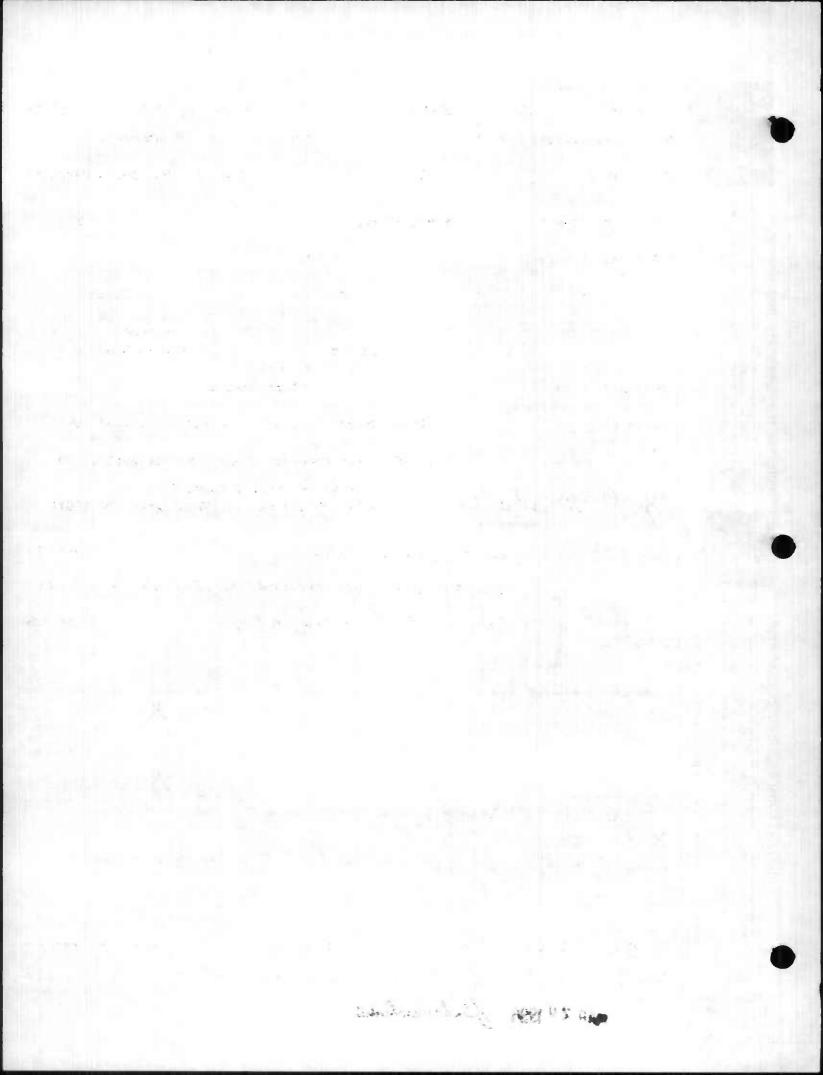
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			State of M	aryland /	Departm <i>Certific</i>			nd Mental H	ygiene Reg. No.	00	1988
Physic		Decedent's Name (First, Middle, Last) ALLENE	J.	BROWN	,			2. Date of D Month March	Dey	Year	3. Tima of Death 12:55 PM
/Med Exam		4a Fecility Name (If not institution, give s					4b. City, Town	, or Location of De		of Death	12.55 171
LAGIN		Montgomery General	l Hospita	11			01ney		Montgo	omery	
Funera		5. Sociel Security Number 6. Sex	7. Ag	e (In yrs. lest b	Mon	nder 1 Year ths Days		Hrs. 8. Date of 8. (Month, I	Birth Dey, Year)	9. Birthp	lace (Stete or Foreign
Directo		225-52-4917	IM 26JF	62	Yrs.						Carolina
pue *		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Tox	vn or Location					1	Od. Inside City Limits
d sho	0	MD Montgomery	7	Cilvor	Sprin	C					1,□ Yes 2□No
the the	rect	10e. Street and Number	у	SIIVEI	-	. Zip Code			10g. Citizen of V	Vhat Cour	try?
death with the Merylend ms 23a or 28a-f show	Funeral Director	15309 Durant Stree	o t			200	905		U.S.A.		
or its	nera		12. Was Decedent					? (Specify Yes or I			
		1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, GiveX		1 Yes 2 No Specify:		-uerto miceri, etc.)		Black		
	Completed by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:	Year or Dates:							
15-002 72 hours		15. Decedent's Educ (Specify only highest grade	etion 16a. Decedent's Us (Give kind of w		t's Usual Occupation d of work done during most of working NOT use retired)		f working	16b. Kind of Business/ Montgomery			
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Hygie Hygie		17. Father's Name (First, Middle, Last)					18. Mother's	Name (First, Midd			
d be ental	o Be	Theron Jeffers				Clara Bull		ock			
Iore, Maryland 212 ges 1 and 2 should be filed withi t of Health and Mental typiena. If Item 27 is marked other than or other traumatic event, then	-	19a. Informant's Name/Relationship (Type, Print)		19b. Meiling Address (Street		end Number or Rural Route Number, C.		ber, City or Town,	, City or Town, Stete, Zip Code)		
1 and 2 Health ar ther trau		Darius E. Brown		15	309 Du	rant :	St., Si	lver Spr	ing, Mary	land	20905
of He rother		20a. Method of Disposition		20b. Place	of Disposition	(Neme of		Date	20c. Location -		
Pege Nent c nt: If		1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	2				3-23	Silver S	Sprin	g, MD
Baltimore, N pemit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Marshall's Funeral								-	
m ales		De ma	Lall)	Ma	rshal.	l's Fur	neral Hom	e, Inc.		20011
No. of Lot		23a. Pa. 1. Enter the disease, or complist k, or heart failure. List only on	cations that cause the cause on each li	d the death. Do	not enter the	mode of dyi	n Stree	rdiac or respiratory	asningtor arrest,	1, DC	Approximete Interval Between Onset and Death
Physician /Medica			CART								3 0475
Examine		resulting in death)		Due to (or as a	consequence	of):					
D ==	iner		SEVE	RE 1	4A551	VE 1	MYOCA	HOIAL:	INFARCI	710N	30445
8760, cate be executed chysician and the buriel-transit	Examiner	Sequentially list conditions,		Due to (or es e	consequence	of):				1	
8760, cate be ex	aiE	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	ANO	IOXIC ENCOPHALOPATHY					7		30475
Box 687.	edicai	that initiated events resulting in death) Last Due to (or as a consequence of):							1		
P.O. BOX 6 that the deeth certific ed by the ettending p	M	d	l							1	
Beeth effer	Physician/M	Part II. Other significent conditions con	tributing to double b	ut not reculting	in the underly	ing sauce si	van in Bort I	23h D	ld tobacco usa co	ntributa t	the cause of death?
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ds, F	by P										
Records, ne law requiras the law seen signe ge 2 should be o	ed t							24a. W	as an autopsy rformed?	av	ere autopsy findings alleble prior to
law requires been as been as been	ple									of	mpletion of ceuse death?
	Completed							1.0	Yes 2 No	1[Yes 2□ No
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Division or To the Hospital or Attending Phy Within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical Ce	29a. Certifier (Check only 2 Medical Examir									
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2		30. Name and address of person who co	mpleted ceuse of c	deeth (Item 23e	(Type, Print)	DAIN	CE DU	UP DA	212010	1041	1) 20832
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DHMH 16 Rev 6/95

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth March 16, 1998 **Physician** 21:45 P.M. Harold Phillip Butler /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Prince George's Cheverly Prince George's Hospital Center If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Month, Dex Year January 2, 1941 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** XXM 2DF Months Days Hours Min Mary land Yrs. 57 Director 577-56-6556 Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shov traumstic event, tre Modical Examinar must be notified as 1 Yes 2 □ No Directo Landover Maryland | Prince George's 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number with 20785 U.S.A. permit. Pages 1 end 2 should be filed within 72 hours efter death verification of Health and Mental Hygiene. Introctant: if fem 27 is marked other than "natural", or items 28 and injury or other traumatic event, the Medical Example 2008. 2316 Kent Village Drive Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DNo If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1XX Never Married 2 ☐ Married **Black** Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. KInd of Business/Industry 15. Decedant's Education (Specify only highest grede com grede completed) Elamentary/Secondary (0-12) College (1-4or 5+) Washington Bible College Porter 12th grade 18. Mother's Name (First, Middle, Malden Sumeme) 17. Father's Name (First, Middle, Last) Mary Stewart David Butler 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip of 2316 Kent Village Drive Landover, Maryland 20785 19a. Informant's Name/Ralationship (Type, Print) Barbara Butler (Sister) 20b. Piace of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buria! 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory, Inc. 3/23/98 Beltsville, Maryland Nurs of Funeral 22. Name and Address of Facility Home , Inc. 4339 Hunt Place, N.E. Washington, D.C. 20019 eise of 1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, lock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physicien end the burief-transit The law requires that the deeth certificate be executed Sequantially iist conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseesa or injury Box 68760. Physician/Medical that initieted events resulting in death) Last 80 Part II. Other significant conditions contributing to deathout not resulting in the underlying ceuse given in Pert I. 23b. Did tebacco use contribute to the cause of death? o the 1 Yes 2 No 3 Probably 4 Unknown been signed by م Division of Vital Records, Completed by 24b. Were eutopsy findings evallable prior to completion of cause of death? 24a. Wes an autopsy should Director: After this certificate has 20 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wals Ca or Attending Physician: referred to medical Be 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No funerel 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b Time of 28c. Injury at Work? Certification: 1-ANaturel 2 Accident 5 Pending 1 Yes 2 No death. investigation 6 Could not be datarmined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Placa of Injury - At homa, ferm, street, factory, office building, etc. (Specify) filled in by efter (4 Homicide To the Hospital of within 24 hours of to the Funeral D edicai 29e. Certifier 12 Cartifying Phyaician: To tha best of my knowledga, daeth occurred at the time, date and place, and dua to tha ceuse(s) and mennar as stated. pletely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier

State Registrar

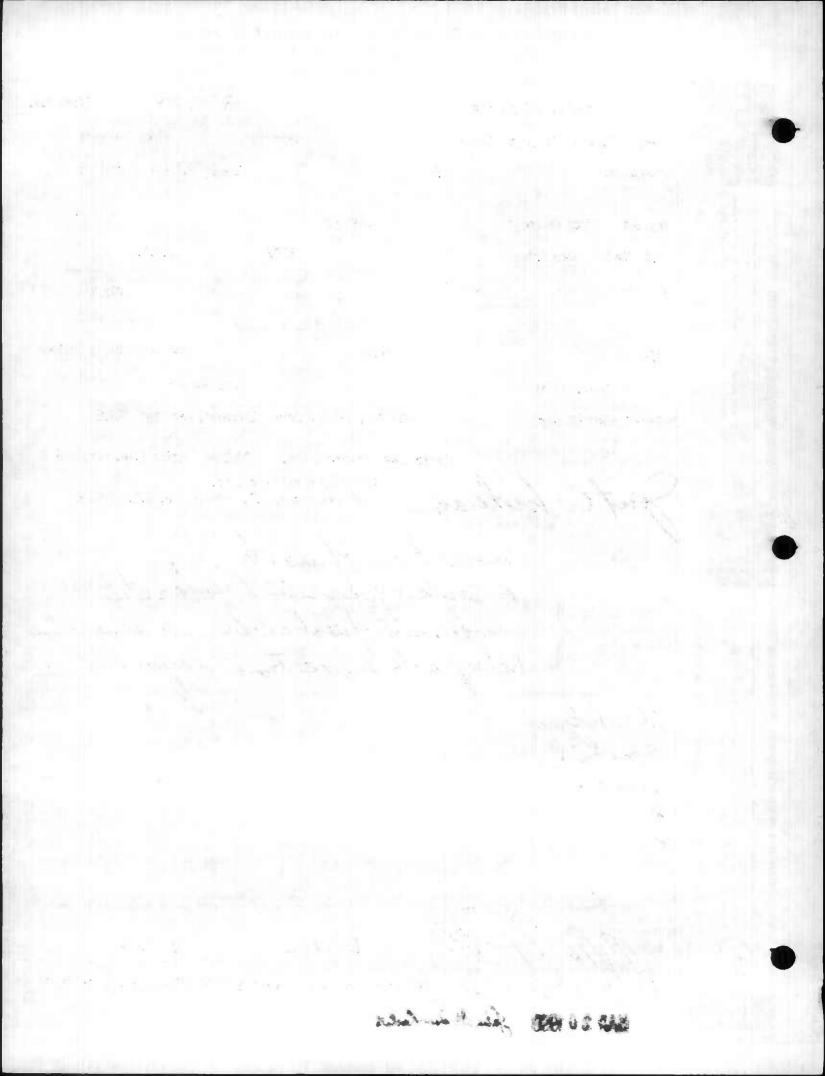
MAR 20 1998

31. Date filed (Month, Day,

32. Ragistrar's Signature

11120 New Hampshire Avenue Suite 306 Silver Spring, Md 20904

s of person who completed cause of daeth (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 🔾

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth **Physician** Month Dey March 18, 1998 3:30 P.M. GREGORY CHOICE BARNES /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Montgomery WASHINGTON ADVENTIST HOSPITAL Takoma Park if Undar 1 Yaar | if Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** 180 M 2□ F Yrs. Director 577-80-4629 March 12, 1958 Washington, D.C. Usual Residence of Decedant with the Maryland 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Director 1 StYes 2 □ No District of Columbia Washington 10e. Street end Number 10f. Zip Code 10g, Citizan of What Country? ò Norms 23s 20032 United States 123 Upsal Street, S. E. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Pagas 1 and 2 should be filed within 72 hours after in ant of Health and Mental Hygiene. nt: If Item 27 is marked other than "natural", or Ite 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Detas: 1 ☑ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorced Black Completed 16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Security Officer Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surname) Be Joseph Barnes Mattie Lee Bynum 19e. Informent's Name/Raletlonship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) permit. Pagas 1 and 2 s Department of Health an Important: if Item 27 is any Injury or other trau Tivey Ray Barnes - Brother 1830 Valley Terrace, S. E., Washington, D.C. 20032 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 ☐ Burlal 2 ☑ Cremetion 3 ☐ Ramovai from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lee's Crematory 3/25/98 Clinton, MD 22. Name and Address of Fecility
STEWART FUNERAL HOME, Inc. 21. Signeture of Euneral Service Licensae 4001 Benning Road, N. E., Washington, t1. Enter the disease, or complications that caused tha deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilura. List only one cause on each line. Approximate Interval Between Onsel end Deeth Physician Auto Immune deferion y syndrome Immediata Causa (Final disease or condition resulting in death) /Medical Examiner Examiner physician and the burial-transit Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disaase or injury that initiated events resulting in deeth) Lest Physician/Medical Dua to (or es a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown signed t Be Completed by 24a. Was en eutopsy performed? 24b. Wara autopsy findings eveileble prior to completion of cause of daath? Durhea or Attending Physician: 25. Wes case refarred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes No Certification: To funeral 28e. Dete of injury (Month, Day Year) 28b. Time of injury 27. Mannar of Deeth 28c. injury et Work? 28d. Describe how Injury occurred After Naturai 2 Accident 5 Pending death. 1 ☐ Yes 2 ☐ No investigation Director: / 6 ☐ Could not ba determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Place of injury - At home, farm, straat, factory, office building, etc. (Specify) 4 - Homicide within 24 hours aft To the Funeral Di completely filled in Hospital 1 Certifying Physicien: To tha best of my knowledga, daath occurred at the time, date end plece, end dua to tha causa(s) and menner es steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, daath occurred at tha time, data end plece, end dua to the causa(s) and manner steted. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certification 29c. Licansa number 29d. Dete signed (Month, Dey, Year) D42403 30. Name end eddrass of parson who complated causa of death (itam 23a) (Type, Print) RA 106 Irving St #201 Washington D.C. MATHER 31. Dete filed (Monto, Day, Year) 32. Registrar's Signature

Registrar

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** BROOKS EZEBEL /Medical Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** ARINER KENSINGTON KENSINGTON MONTGOHERY If Under 1 Yaar Months Deys Social Security Number 7. Age (In yrs. lest birthday) 343 - 20 - 5284 Usuel Residence of Decedant Director JEORBIA 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic avant, the Madical Examiner must be notified at WASHINGTON, DC 1 Yes 2 No Director 10f. Zip Code 10e. Street end Numbar 10g. Citizen of What Country? 6 14h STREET N.W. 20010 Items 23a USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Introductant: If them 27 is marked other than "natural", or then any injury or other traumatic axam the second control of the second contro 1 Yes 2 No If Yas, Give Yaar or Detes: 1 ☐ Never Merried 2 ☐ Married Specify: BLACK 1 ☐ Yes 2 No ģ 3 ₩idowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5+) PRIVATE VISITING NURSE 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) PEARLIE ALBERT JONES 19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) KENNETH BROOKS SON 114 STREET NW WASH, DC 20010 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Removel from Stete NORBECK MEMORIAIR 3-17.98 OLNEY, MD 4 ☐ Donetion 5 ☐ Other (Specify) WASH, DC 20018-8004 3718 22NO ST NE BLANCH FUNKALAL SIMULE 23a. Part 1. Entar tha disease, or complications that causad tha death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaesa or condition resulting in deeth) YEARLS MULTIPLE CEREBRAL INFARCTIONS Examiner Due to (or as a consequence of): Physician/Medical Examiner physician and the burial-transit that the death certificate be executed Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequence of): Due to (or as a consequence of): signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1'SYes 2□ No 3 Probably 4 □ Unknown OBSTRUCTIVE LONG DISEASE þ or Attending Physician: The law requires 24b. Ware autopsy findings available prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? MYOCARDOPATHY 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical axaminar? 28. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Maturei 5 Pending I hours after death. death. 1 Yas 2 No investigation 2 Accident 6 Could not be determined 3 Sulcide To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29a. Certifler Medical 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifian 008944

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Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

31. Dete filed (Month, Day, Year)

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30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Registrar

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War & Clare Beach Commiss

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** WILLIAM P. BARZ MARCH 15, 1998 7:00 PM /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daeth 4c. County of Death Examiner HYATTSVILLE HEALTH CARE CENTER PRINCE GEORGE'S HYATTSVILLE If Undar 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Day, 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthpiace (Stata or Foraign **Funeral** 1 X M 2 □ F Months Yrs. 578-12-1665 NOV. Director GERMANY 1908 Usual Rasidenca of Decadant with the Maryland 10b. County 10c. City. Town or Location r than "natural", or Itams 23a or 28a-f show the Moncal Examiner inset to notified at 10d. Insida City Limits Director 1 Yas 2 No MARYLAND PRINCE GEORGE'S MOUNT RAINIER 10e, Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 4105 29TH STREET 20712 UNITED STATES death 11. Maritai Status Was Decedent Evar in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Bieck, Whita, atc. filed within 72 hours after 1 ☐ Yas 2 No 1 ☐ Navar Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: WHITE à 3 Widowad 4 Divorced Completed 16a. Decedent's Usuei Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any finary or other traumatio. Eiemantery/Secondary (0-12) Coilega (1-4or 5+) HOTEL 12 WAITER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnema) Be WHELHIM BARZ UNKNOWN 2 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MINNIE BARZ, WIFE 4105 29TH STREET, MOUNT RAINIER, MARYLAND 20712 20b. Piece of Disposition (Nama of cematary, crematory or othar placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBuriai 2 ☐ Crametion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Spacify) FORT LINCOLN CEMETERY 3/19/98 BRENTWOOD, MARYLAND 21. Signature of Funeral Service Licenage 22. Name end Addrass of Fecility FORT LINCOLN FUNERAL HOME uliene alsu 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722 23a. Part Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrast, affect, or heart failure. List only one ceuse on each line. Approximata Interval Batween Onsat and Death Physician ARTEMOSCUSTOR CARDIOVASCULAR /Medical Immediata Cause (Final disaasa or condition rasulting in daath) Examiner Examiner The law requires that the deeth certificate be executed bunial-transit Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Ceusa (Disaasa or injury that initioted avants rasulting in death) Lest Due to (or as a consequance of): P.O. Box 68760, Physician/Medical the Dua to (or es e consequanca of): 80 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Dementia 6 1 Yes 2 No 3 Probably 4 Onknown signed d be de Records, p Completed 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Deed page 2 certificate 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was casa raferred to medical exeminar? 28. Pieca of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No To 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death 28a. Data of Injury (Month, Day Year) Hospital or Attending Pi 124 hours after death.
 Funeral Director: After tilefely filled in by the funeral Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Naturai 1 Yes 2 No 2 Accident NIA 3 Suicida 6 Could not be 28a. Piaca of Injury - At home, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 24 hours 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. To the Hosp within 24 hot To the Fune completely fi Medical 29a. Cartifier (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and little of certifier 29d. Date signed (Month, Day, Year) Durensbury Rd Heathville MD20181 ORE MI 31. Data filed (Month, Day, Year)

State Registrar

MAR 17 199

32 Registrar's Signetura

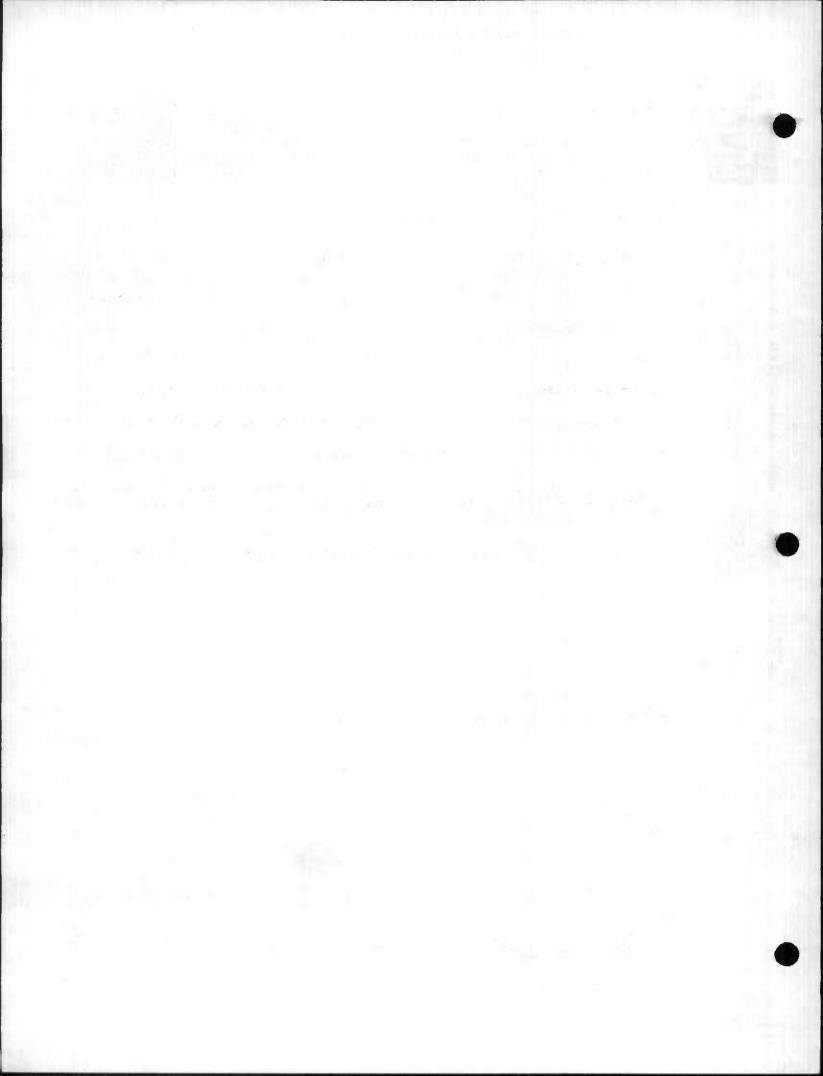
State of Maryland / Department of Health and Mental Hygiene

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/Medi		GLADYS	LEWIS		BROWN		March	Γ2, 199°	9:52 A	
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la d	Be	17. Father's Name (First, Middle), Last)		· ·			irst, Middle, Maiden Sumame)		
marke merke	2	Benjamin Lewi				Gladys (Redmond)				
		19a. Informant's Name/Relation		1	9b. Mailing Address (Strae	t and Number or Rur	al Route Number,	City or Town, Sta	ta, Zip Code)	
If Health Item 27 other tr		Frank H. Brown	ı, Husband	1 20h Biose	823 Monroe S	treet, N.				
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apple of the property of the p		21. Signature of Furieral Service	Liception	/	22. Name and Addr	ess of Facility Jol	hnson &	Jenkins :	Funeral Hor	
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ttendi or use		Immediate Causa (Final disease or condition resulting in death) a. Pulmonary Rung of Causa (Final disease or conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 1 Due to (or as a consequence of): Due to (or as a consequence of): 1 Due to (or as a consequence of): 1 Due to (or as a consequence of): 1 Due to (or as a consequence of):	outa to the cause of de							
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DHMH 16 Rev 6/95



			State o		epartment of F Certificate of I	lealth and Mental F Death	rygiene Reg. No. 98	19995	
	Physici /Medi		Decedent's Name (First, Middle, Last) GEORGE WALTER BREED	ING, SR.		2. Dete of Month March	Deeth Dey Yeer 23 1998	3. Time of Deeth 7:50 A.M.	
-	Examir Funeral Director		4a. Facility Name (If not institution, give street end number Shore Nursing & Rehabili 5. Social Security Number 6. Sex 1 M M 2 □ F		day) If Under 1 Year	Denton If Under 24 Hrs. 8. Dete of (Month), Octobe	Caroline Birth 9. Bir Day, Year) 9. Bir	th	
	Aaryland show	or	Usuel Residence of Decedent 10a. State 10b. County Maryland Caroline	10c. City, Town of Greenst				10d. Inside City Limits 1 ☐ Yes 2 No	
	h with the N 3a or 28a-	Funeral Director	10e. Street end Number 26288 Whiteleysburg Rd.		10f. Zip Code 216	39	10g. Citizen of What Country? USA		
nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours efter death with the Maryland nt of Health and Mantal Hygiene. If them 27 is marked other than "natural", or items 23a or 23a-f show or other traumatic svent, the Me3 cal Exempter must be not trained.	urs efter deat al', or items 2	by		2 No		ispanIc Orlgin? (Specify Yes or in, Mexican, Puerto Rican, etc.) Specify:		e, etc.	
21215-0020	within 72 ho iene. then "netur	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	- (6	Decedent's Usual Occupa Give kind of work done of ife. DO NOT use retired	ation during most of working ()	16b. Kind of Business		
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	Physician /Medical Examiner	er	Immediate Ceuse (Final disease or condition resulting In death)	Due to (or es a co	1 April	Tie Aneu	rysm	Onset and Deeth	
x 68760,	P.O. Box hat the deeth cert d by the ettending deteched for use a	Medicai Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	Due to (or as a cor					
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	To the Hospital within 24 hours (To the Funeral I completely filled	Medicai	(Check only one) 2 Madical Examiner: On the be and ment 29b. Signature and title of cartifier	isls of examination end/o	or Investigation, in my op	pinion, deeth occurred at the tim	e, dete and placa, end due 29d. Date signed (Mont	e to the cause(s)	
			30. Name and address of person who completed caus	e of death (Item 23a) (Tu	(pe, Print)	313/6	3-23 Dat	78	
	_Sta Registr	_	31. Dete filed (Month, Day, Yeer) MAR 2 / 10 Q	egistrar's Signature	/ Jann	or X	Lulo	NMO	



1. Decedent's Neme (First, Middle, Last)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 0996

3. Time of Death

Certificate of Death

111 Penn Street, Baltimore, Maryland 21201

Physician /Medical Examiner

2. Deta of Death 2105 PM John Irving Balderson, III MARCH 1998 4c. County of Deeth 4a Facility Name (If not institution, giva street end number)
ROUTE#313 N/O UNION ROAD RED BRIDGE 4b. City, Town, or Location of Death GREENSBORO CAROLINE If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. April 1. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (Steta or Foreign **Funeral** 12 M 2 F Yrs Maryland 216-17-6529 21 **Director** Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Madical Examiner must be notified at 1K Yas 2 □ No Directo Maryland Caroline Ridgely 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? with 21660 U.S.A. 504 Park Ave. death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14 Race - American indien Bleck, White, etc. 2 should be filled within 72 hours after a and Mental Hygiene. Is marked other than "natural", or ite 1 ☐ Yes 2 No If Yes, Give Year or Dates: 11 Never Married 2 Married Maryland 21215-0020 1 Yes 2₺ No Specify: à 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highast greda completed) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) electrician resident/commer wiring 12 18. Mothar's Name (First, Middla, Maidan Surneme) 17. Fathar's Nama (First, Middla, Last) Carol Fountain Balderson John I. Balderson, Jr. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If item 27 is m any injury or other traun once. P.O. Box 220 Ridgely, Maryland John I. Balderson, Jr./father altimore. 20b. Place of Disposition (Neme of cametery, crematory or other piece) 20a. Method of Disposition Data 20c. Location - City or Town, State to Burial 2 ☐ Cremation 3 ☐ Removal from State 3/13 Greensboro Cemetery Greensboro, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Name and Address of Facility Fleegle & Helfenbein Funeral Home, P.A. P.O. Box 160 Greensboro, MD 21639 23a. Part T. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert feilura. List only one cause on each line. Approximate Intarval Batween Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Multiple Injuries Examiner Examiner certificate be axecuted physician and the burial-tran Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disaasa or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Physician/Medical Due to (or es a consequence of) 88 980 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. o signed by t 1 Yes 2 No 3 Probably 4 Unknown Records. p 24b. Wara autopsy findings available prior to 24a. Wes en eutopsy performed? Completed complation of causa of deeth? page 2 cartificate has 10 Yes 2 □ No Yas 2□ No Division of Vital Physician: 25. Was case rafarred to medical axaminar? Be 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 XX Other (Specify) ROADWAY Hospital: XX Yas 2□ No 10 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Mooth, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 27. Menner of Death 28c. Injury at Work? Certification: After or Attending accident 1 Natural 5 Pending motor vehicle after death. 2019 1 Yes 29 No investigation 28a. Placa of Injury - At home, ferm, street, factory, office building, atc. (Specify) 20 Accident 28a. Placa of Injury - At home, ferm, street, factory, office building, atc. (Specify)

1 Certifying Physician: To the best of my knowledga, daath occurred et the time, date and place, and dua to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number of 3 Suicide 4 ☐ Homicida filled in 24 hours a Hospital 29a. Certifier edicai completely (Check only one) within 2 9 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifier 29c. Licanse number 2 O.C.M.E MARCH 10, 1998 hufe no

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

32. Registçar's Signature

wha Davidson-Randsee

Chute m

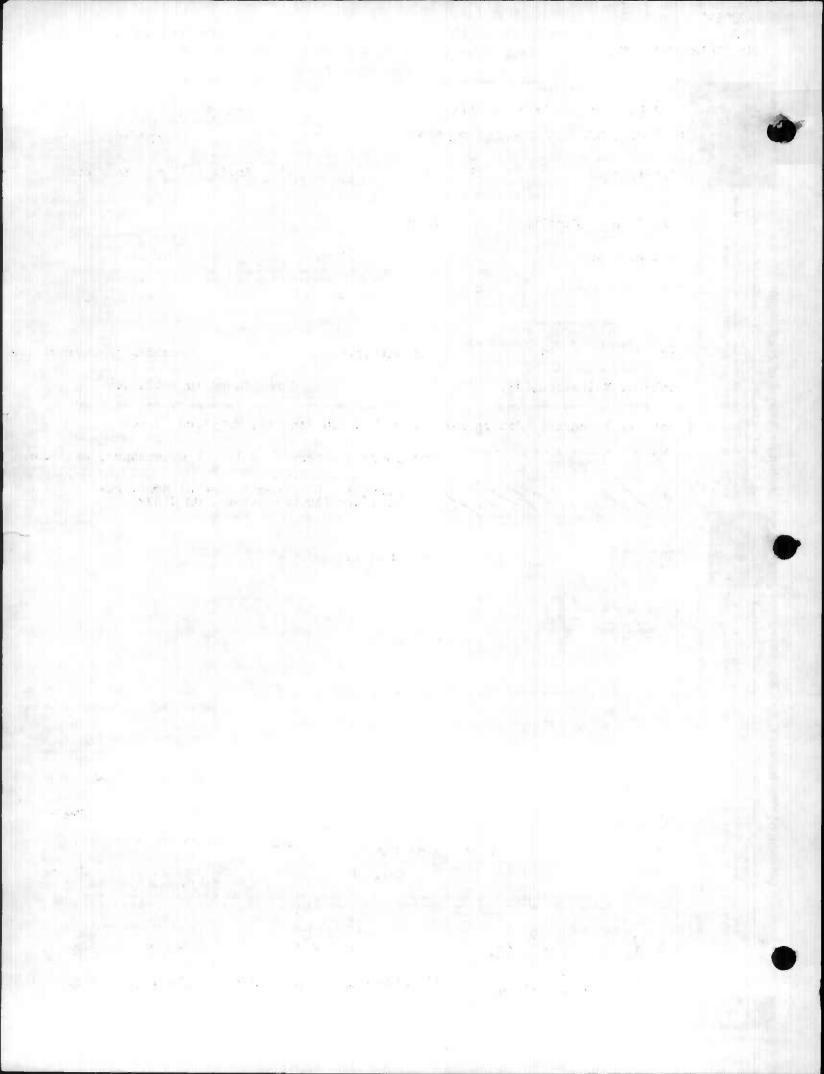
Dennis J.

MAR 13

31. Data filed (Month, Dey, Year)

State

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** MARCH 1:00p JOSE GUADALUPE CANCHOLA /Medical 4e. Fecllity Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner City KALTO. THE JOHNS HOPKING HOSPITAL If Under 1 Year | If Under 24 Hrs. 5 Social Security Number 6. Sex 1. M 2 ☐ F 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 577-66-0246 71 Yes Director Dec 12, 1926 Mexico Usuel Residence of Decedent deeth with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, its Medical Examinal must be notified all 1 Ves 2 □ No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 199 Hardy Place 20852 United States by Funeral 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Depertment of Health and Mantal Hyglane. Important: If Item 27 is merked other than "natural", or Item any Injury or other traumatic event. 1 ☐ Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 21215-0020 1X Yes 2 □ No Specify: 3 ☐ Widowed 4 ☐ Divorced Mexican Hispanic Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind ot Business/industry Elementery/Secondary (0-12) College (1-4or 5+) 5+Medical Officer Federal Government Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Eduardo Canchola Julia Molina 19e. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Aida Canchola, wife 199 Hardy Place, Rockville, MD 20852 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete Mar 20, 1998 △ Cremetion 3 □ Removal from State 1 X Burial 4 Dona 5 Other (Specify) Silver Spring, MD Gate of Heaven Cemetery 21. Signutury 22. Name end Address of Fecility DeVol Funeral Home 20877 10 E. Deer Park Drive, Gaithersburg, MD e, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cluse on each line. val Baty interval Batween Onset and Deeth **Physician** /Medical Immediata Causa (Finel Fulminant liver failure disease or condition resulting in death) 1 week **Examiner** Due to (or as a consequence of): Examiner Metastatic lung cancer year The law requires that the death certificete be axecuted the burial-trensit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that Initiated events resulting in deeth) Lest and Due to (or es e consequence of): P.O. Box 68760, ettending physicien Physician/Medical Due to (or es e consequence ot) ed by the el Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by 12 Yes 2 No 3 Probably 4 Unknown Anemia Records, þ page 2 should be 24b. Wara autopsy tindings available prior to completion of cause of deeth? Completed 24a. Was en autopsy performed? been: Prostate concer this certificate hes 2 XNO 1 🗆 Yes 1 ☐ Yes 2 No Division of Vital rapital or Attending Physician: The hours after death.

Ineral Director: After this certificate y filled in by the funeral director, pa Be 25. Was case reterred to medical 26. Placa ot Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigetion 1 Waturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral D Medical 29a. Certifier 🗷 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, date end plece, end dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, daath occurred et tha tima, date and place, end due to the cause(s) end menner stated. PROPESSOR, 29c. License number 29d. Date signed (Month, Dey, Yeer) March 15, 1998 023675 ONCOROGA [WEDICINE 0 30. Name and eddress of parson who complated cause of deeth (Itam 23a) (Type, Print)

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**Towns Hopha Boom 124 Baltimere, MD ROSSC. DONEHOWER, ND 31. Data tiled (Month, Day, Year) State

Registrar

MAR 18 1998

32 Registracs Signature
Julian Davidson - Randalle

EPPL TRIBLE STATE OF THE STATE THE ALL SECTIONS AND ADDRESS OF THE PROPERTY O

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth **Physician** 3 Edna CISSNG MARCH 161 /Medical 4e. Facility Nema (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince Georges Southern MD Hospital Center Clinton If Under 1 Yaar If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year)
June 22, 1 Birthpleca (State or Foreign Country) **Funeral** 1□M 2PF Months Deys 87 Vrs Director 577-18-0567 1910 Washington, DC Usuel Residence of Decedent the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits *natural", or items 23a or 28a-f show Director Prince Georges 1 □ Yas 2K No Suitland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6008 Marie Avenue 20746 USA deeth Funeral 12. Was Decedent Evar In U.S. Armed Forcas? Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indlen, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 XNo If Yes, Give Yaar or Detes: 21215-0020 1 ☐ Yas 2 ☑ No by 3 5 Widowed 4 □ Divorced Specify: White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Secretary Federal Government Baltimore, Maryland 17. Fether'e Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be 2 Thomas H. Byron Marie Hegerty 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 14434 Pebblestone Drive, Silver Spring, MD (daughter) 20905 Carol A. Stewart 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 ₺ Burial 2 □ Cremetion 3 □ Removel from Stata permit. Page Department o Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery |3/19/98 Silver Spring, MD 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signature, of Funeral Service Licensaa Home, Inc. Strond Ulu Silver Spring, MD 20901 23a. Part 1. Enter the disease, or complications that caused the death. Do not entar tha mode of dying, such as cerdiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) DK ACUTE MYDGARNAL Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed the buriei-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Couse (Diseese or Injury that initiated events rasulting In deeth) Last pue Due to (or es e consequence of) P.O. Box 68760. physician Physician/Medical Dua to (or es e consequence of) S9 95N signed by the atter Part II. Other eignificent conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evailable prior to completion of ceuse of deeth? Completed page 2 has 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: 1 within 24 hours aftar death.

To the Funeral Director: Aftar this certifica director, Be 25. Was cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To filled in by the funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyelclan: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to tha causa(s) and menner stated. Medical 29e. Certifier 29c. Licanse number 29b. Signeture end title of certifier 29d. Data signed (Month, Day, Year) MACH 16, 1998 20 2 de

State Registrar

WISOMKI 31. Dete filed (Month, Dey, Year) MAR 18 1999

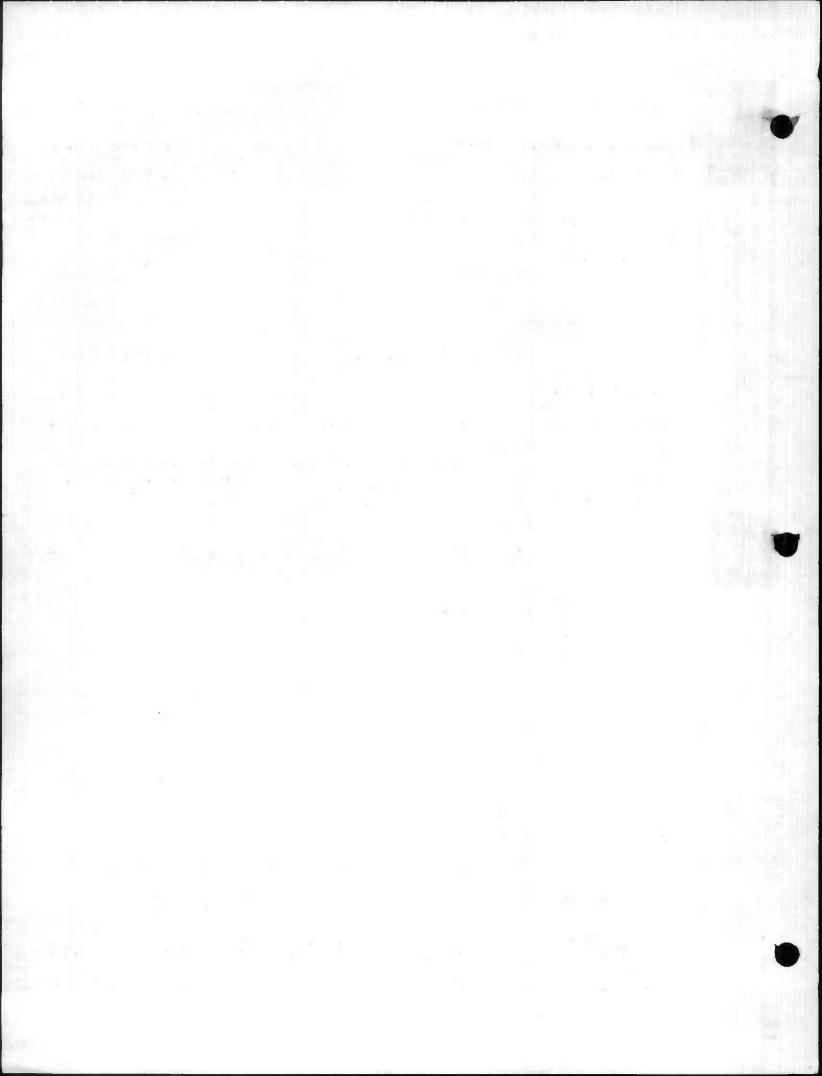
700 SUN CHO 32. Registrer's Signeture lia Davidson

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end address of person who completed ceuse of deeth (Item 23e) (Type, Print),

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar BESSIE MARTE CLARK MARCH 17, 1998 6:55 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. MARYS NURSING CENTER LEONARDTOWN ST. MARY'S CO. 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 6 Say 7. Aga (In yrs. last birthday) 6. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2□F Days Yrs. 577-34-0397 Director 70 23, VIRGINIA Usual Rasidanca of Dacedant tha Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23e or 28a-f show traumetic event, the Medical Examinar must be notified at Director Yas 2 No MD. ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 104 NEW JERSEY AVE. Funerai 21061 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours after 1 ☐ Navar Marriad 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: p Specify: 3 ☐ Widowed 4 X Divorced WHITE Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Hygiana. Eiamantary/Sacondary (0-12) Collaga (1-4or 5+) WAITRESS HOSPITALITY permit. Pages 1 and 2 should be file Department of Health and Mentai Hy, Important: if Item Z7 is merked othe eny Injury or other transments. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be RALPH ORR RACHET. BESSIE **GUROENUA** 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) DAVID ALLEN CLARK/SON WEST WAY, 2H GREENBELT. MD. 20770 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) CHARLES MEMORIAL GARDEN 3-21-98 LEONARDTOWN. MD. 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility M00091 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 23a. Part 1. Entar tha disaasa, or complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) YRS Examiner Dua to (or as a consequence of) Examiner RKINFIN 7 Y125 The law requires that the death cartificate be executed Sequantially list conditions, if any, laading to Immadiata causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, attanding physician Physician/Medical tha Dua to (or as a consaquance of) ò Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the Unknown 1 Yes 2 No 3 Probably BESSIE MARIE CLARK þ 8 paga 2 should 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? cartificate has To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartificy completaly filled in by the funeral director, Be 25. Was casa ratarrad to medical 26. Placa of Daath (Check only ona) axaminar? Othar: 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 1 Anatural 5 Panding invastigation 1 TYas 2 No 6 Couid not ba dataminad 3 Suicida 28a. Placa of Injury - At homa, tarm, straat, tactory, offica building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

State Registrar 31. Data filad (Month, Day, Yaar) MAR 20

WILLIAM D.BOYD M.D

29b. Signature and title of certifie

29a. Cartifian

am

29c. Licansa number

11 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

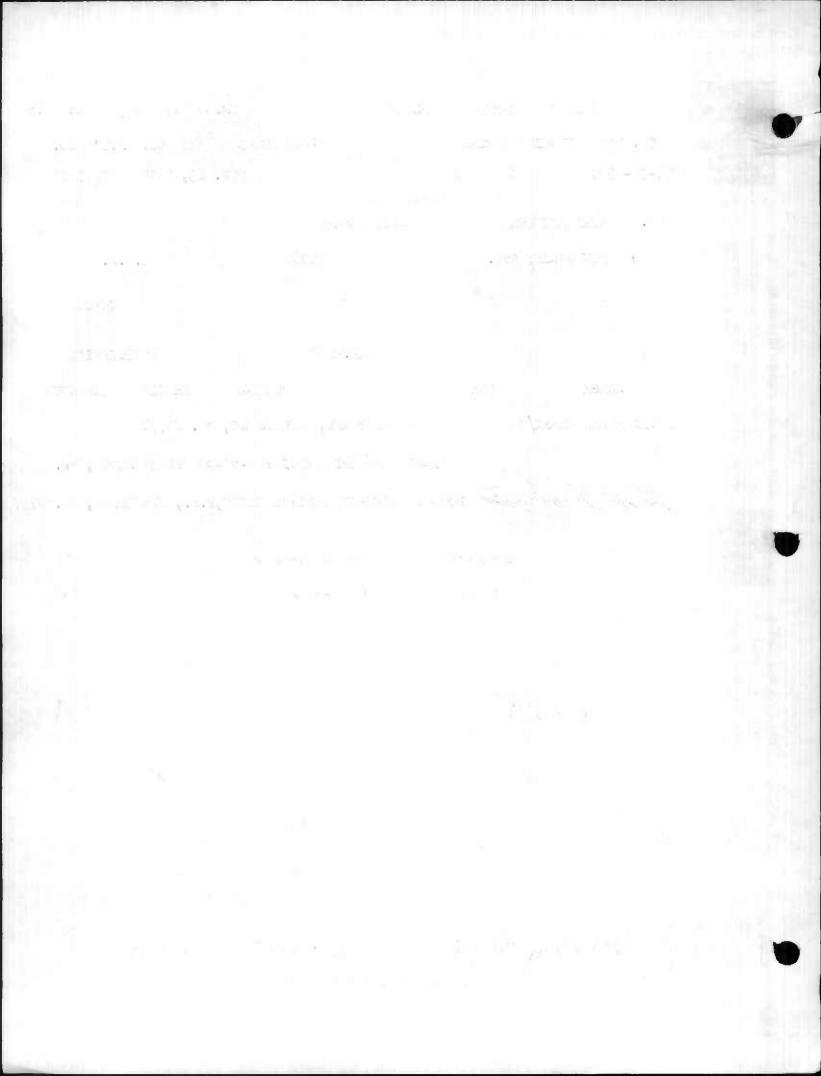
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

BOX 1753 LEONARDTOWN, MD. 20650

32 Registrar's Signatura wa Davidson



1. Decedent's Name (First, Middle, Las	01)		tificate of		2. Date of D		3. Tima of Death	1	
George, P.	Clark				Month Marah	Day 16 19	98 8:16 A	7m	
4a Facility Name (If not institution, give	street and number)			4b. City, Town,	or Location of Dea				
Carroll County	General Hospi	tal		Westmi		Cari	-011		
5. Social Security Number 6. So	CM SOF	last birthday) Yrs.	If Under 1 Year Months Days		lin. (Month, E	Day, Year)	Birthplace (State or Fore Country)	ign	
578-54-5952 ** Usual Residence of Decedent	81	113.			Nov.	16, 1916	Greece		
10e. State 10b. County	10c. City	, Town or Loc	cation			20.00	10d. Inside City Limi	its	
Maryland Carroll	West	tminste	er				1 X Yes 2□1	Vo	
Maryland Carroll 10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhet Country?		
	Pike		21158			Greece			
2503 Littlestown I	 Was Decedent Ever in U,S Armed Forces? 	S. 13. W	Vas Decedent of Yes, specify Cul	Hispanic Origin? Dan, Mexican, Pu	(Specify Yes or Nuerto Ricen, etc.)		e - American Indian, k, White, etc.		
1 ☐ Never Married 2 ☐ Married 3XXWidowed 4 ☐ Divorced	1 ☐ Yes 2X No If Yes, Give	1	☐ Yes 2X No	Specify:		Specify			
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(Specify only highest grad	de completed)	(Give kind of work done during most of work life. DO NOT use retired)				100. 11110 01 00	on lood in loosily		
Elementary/Secondary (0-12)	College (1-4or 5+) 2	Diese	el Mecha	nic		Automot	ive		
17. Father's Name (First, Middle, Last)				18. Mother's I	Name (First, Middl	le, Maiden Sumam	9)		
Peter Klisas				Helen	Unobtain	ab1e			
19a. Informent's Name/Relationship (7	Type, Print)					ber, City or Town,			
Peter Klisas - Son				Overloo			Maryland 210:	36	
20a. Method of Disposition 1 XBuriai 2 ☐ Cremation 3 ☐	00	emetery, crem	sition (Name of natory or other pla	ace)	Date		City or Town, State		
4 □ Donetion 5 □ Other (Specify		-	ln Cemet	-	3-19-98	Brentwoo	od, Maryland		
21. Signature of Funeral Shuica Licen	- W		Name and Addr nes-Rina		eral Hom	e, Inc.			
product "	fent hu	118	800 New	Hampshi	re Ave.,	Silver S	Spring, MD 20	904	
23a. Part1. Enter the disease, or comp shock, or heart failure. List only	the cause on each line.	i. Do not make	the mode of dy	ing, such as care	diac or respiratory	arrest,	Approximate Interval Between		
							Onset end Death		
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Baltimore, Maryland 21215-0020

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